Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
April A Watson	M M / D D / Y TY TY TY
Mailing Address 30217 Crook Rd	10 22 2014 Amount
City State Zip Code	27.50
Cleveland MO 64734	Transaction ID : 1fc5f930-e793-4f53-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
Full Name of Payee April A Watson	Date of Public Distribution/Dissemination
Mailing Address 30217 Crook Rd	10 22 2014
Mailing Address 30217 Crook Rd	Amount
City State Zip Code	17.40
Cleveland MO 64734	Transaction ID: 9a5d6da1-d10f-4643-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 22 / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	Suiter (opening) -
(a) SUBTOTAL of Itemized Independent Expenditures	44.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
	0 24 2014
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 00330700
Check if 24-hour report 48-hour report New report Amends report to	iled on M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Avery Watson	10 22 2014
Mailing Address 30217 Crook Rd	Amount
City State Zip Code	52.50
Cleveland MO 64734	Transaction ID : 7c031df6-ee65-458e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / D D / Y Y Y Y Y 1
Name of Federal Candidate Support C	ffice Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Odichadi Todi To Dato	isbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee Avery Watson	Date of Public Distribution/Dissemination
Avery vvalsori	10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 30217 Crook Rd	Amount
City State Zip Code	14.10
Cleveland MO 64734	Transaction ID : 1b0877a0-cef1-461b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
	oisbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	
(a) SOSTOTAL OF HORIZON INDEPENDENT EXPENDITURES	00.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Ms. Emily Buchanan [Electronically Filed] Date	10 / 24 / 2014
Signature	

Schedule E)	IVI EXI EIVE	ATOTILO	PAGE 3 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ren W Dashner			10 22 / 2014
Mailing Address 1414 Edgemoor Dr			Amount
City	State	Zip Code	40.00
El Dorado	KS	67042	Transaction ID : 3240c52e-c3b7-4858-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		76313.90	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ren W Dashner			10 22 7 2014
Mailing Address 1414 Edgemoor Dr			Amount
City	State	Zip Code	19.50
El Dorado	KS	67042	Transaction ID: 543ad4a7-69e0-4f03-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 22 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		76313.90	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
•			
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		59.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			. •
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 24 2014
-			

Schedule E)	INT EXICID	HONES		PAGE 4 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Eric J Smith			10	/ D D / Y Y Y Y Y Y 2014
Mailing Address 4967 Dysartville			Amount	
City	State	Zip Code		80.00
Morganton	NC	28655		on ID: 9d65cfbf-cec0-4bd6-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	051457.78	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	ıblic Distribution/Dissemination
Jennifer E Smith			10	22 2014
Mailing Address 4967 Dysartsville Rd			Amount	22 2014
Oit.	Otata	Zin Onda		20.00
City Morganton	State NC	Zip Code 28655		80.00 n ID : dae34ade-0d1b-460b-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	1051457.78	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expendit	ures			160.00
(b) SUBTOTAL of Uniternized Independent Exper	ditures			
(b) College of Commission mappendist Experience				7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 24	
3. 3				

Schedule E)		1101120		PAGE 5 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				
Check if X 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee				The state of the second participation
Jennifer E Smith			Date of F	
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code		7.80
Morganton	NC	28655		tion ID : a2d29fda-bb10-47fa-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	051457.78	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
James Kindstedt			10	
Mailing Address 5510 Dogwood Dr				22 2017
33.00			Amount	
City	State	Zip Code		33.30
Winston Salem	NC	27105	Transacti Date of	on ID : 2ce9b52e-d6bb-4513-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	1051457.78	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditur	es		•	41.10
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· ·	7 1 7 1 7
(c) TOTAL Independent Expenditures			.	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)		1101.20		PAGE 6 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-h	our report X New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee James Kindstedt				c Distribution/Dissemination
Mailing Address 5510 Dogwood Dr			10	22 / 2014
			Amount	
City	State	Zip Code		12.06
Winston Salem	NC	27105		ID: 5a244138-a4f4-44e4-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	051457.78	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ▶
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Joanna Kindstedt			M M M 10	22 2014
Mailing Address 2134 Tobaccoville	e Rd			
			Amount	
City	State	Zip Code		33.30
Rural Hall	NC	27045	Transaction II Date of Disb	D: 18b33640-c43c-4690-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1051457.78	Disbursement For: 2014 Other (sp	Primary ⊠ General
(a) SUBTOTAL of Itemized Independ	ent Expenditures		•	45.36
(b) SUBTOTAL of Unitemized Independent	ndent Expenditures			1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	i		>	
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party or	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10 24	/ Y Y Y Y Y Y 2014
Signature		_		

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends rep		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Dwayne C Smith				10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 900 Bramblegate Rd			Amo	unt
City	State	Zip Code		30.00
Hope Mills	NC	28348		saction ID : f6929a63-b6d8-44ac-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M = M / D = D / Y = Y = Y = Y = 1
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presi	NO.
Calendar Year-To-Date Per Election for Office Sought	10	051457.78	Disburseme 2014	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee				e of Public Distribution/Dissemination
Dwayne C Smith				10 22 7 2014
Mailing Address 900 Bramblegate Rd			Amo	punt
City	State	Zip Code		14.97
Hope Mills	NC	28348		saction ID: 83ef3518-8f28-4782-a e of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 / 22 / 2014
Name of Federal Candidate		Support	Office Sou	ght: House District: 00
Ms. Kay Hagan		X Oppose	Presi	dent State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	1051457.78	Disburseme 2014	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		.	44.97
(b) SUBTOTAL of Unitemized Independent Exp	enditures		-	
(c) TOTAL Independent Expenditures			··· >	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Dai	e 10	24 2014
Signature				

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Schedule E)	I EXI ENDI	TOTILO		PAGE 8 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Aaron R Cowart				f Public Distribution/Dissemination
Mailing Address 184 South Military Rd			L	10 22 2014
			Amoun	t
City	State	Zip Code		20.00
Slidell	LA	70458		ction ID: 4430c74d-9f15-4b9d-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 / 22 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	1.0
Calendar Year-To-Date Per Election for Office Sought	, , , 2	03914.85	Disbursement 2014 Ott	For: Primary ⊠ General her (specify) ►
Full Name of Payee			Date o	f Public Distribution/Dissemination
Aaron R Cowart				10 22 2014
Mailing Address 184 South Military Rd			Amour	nt
City	State	Zip Code		4.50
Slidell	LA	70458		ction ID : 58c8801d-65c4-42af-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 22 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	203914.85	Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	s			24.50
				7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	10	24 2014
Signature				

Schedule E)	IN EXILIND	ITOTILO		PAGE 9 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Corey S McKnight			M = M	c Distribution/Dissemination
Mailing Address 1510 Bailey St			Amount	22 2014
City	State	Zip Code		80.00
West Monroe	LA	71292		ID: cc01108d-28ca-4be6-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	203914.85	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Casey Stockton			10	22 2014
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code		65.00
Spruce Pine	NC	28777		D : 27452261-c569-474b-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1051457.78	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures		·	145.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
			-	45
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cano party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 24	2014
5.g. (a.a.)				

				FOR SE OF	FORM 24/48
	OF COMMITTEE (In Full)	F	EC II	DENTIFICATION	ON NUMBER ▼
vvor	nen Speak Out PAC		С	C00530766	
Check	if X 24-hour report 48-hour report New report Amends report filed	on	М	/ D D /	Y Y Y Y
	Name of Payee	Date of	Publi	ic Distribution	/Dissemination
	Mary Johnson	M =		/ 22 /	2014
Ма	tilling Address 105 South Dale St	Amount			
Cit	y State Zip Code				65.00
S	oruce Pine NC 28777	Transac Date of	tion Disb	ID: 650d1b7	f -d3f3-46ff-a Obligation
	rpose of Expenditure Category/ Type 001	M		22	2014
Na	me of Federal Candidate Support Office	Sought:	Γ	House	District: 00
M	s Kay Hagan	President	t [Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement F		Primary	General
K	II Name of Payee (ristina M Jinkens ailing Address 2138 N 1000 Rd	M	0	ic Distribution	/Dissemination
Cit	ty State Zip Code	Г.			30.00
	,			D: 7f38eac4- ursement or 0	
	rpose of Expenditure Category/ Type 001	10	M	22	2014
Na	me of Federal Candidate Support Office	Sought:		House	District: 00
М	r. Greg Orman Oppose	Presiden	t [Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement I		Primary pecify) ▶	General
(a)	SUBTOTAL of Itemized Independent Expenditures		- -	1 1 7	95.00
(b)	SUBTOTAL of Unitemized Independent Expenditures		-		
(c)	TOTAL Independent Expenditures		-7-		
with	er penalty of perjury I certify that the independent expenditures reported herein were not may, or at the request or suggestion of, any candidate or authorized committee or agent of either, y committee) any political party committee or its agent.				
_	Ms. Emily Buchanan [Electronically Filed] Date 10) ^M /	24	/ Y Y 201	
	Signature				

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	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Heather A Smith	10 22 / 2014
	Mailing Address 995 Clairborne Rd	Amount
	City State Zip Code	29.00
	Calhoun LA 71225	Transaction ID : 6fd88519-ab8c-45b2-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbt 203914.85	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Heather A Smith	Date of Public Distribution/Dissemination
	Mailing Address 995 Clairborne Rd	10 22 2014 Amount
	City State Zip Code	8.10
	Calhoun LA 71225	Transaction ID : d2c53feb-e1cc-44c5-b
	Purpose of Expenditure Mileage Category/ Type 002	Date of Disbursement or Obligation 10 22 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 203914.85	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	37.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	
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ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	te of Public Distribution/Dissemination
Windy Hageman	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5521 Randolph St. Ame	nount
City State Zip Code	20.00
Marrero LA 70072 Tra	Insaction ID : 5b7c728a-b9eb-4057-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 203914.85 Disbursem 2014	
	Other (specify)
Full Name of Payee Dat Windy Hageman	te of Public Distribution/Dissemination
Mailing Address 5521 Randolph St.	10 22 2014
Am	nount
City State Zip Code	1.80
Dat	nsaction ID: 03d103ea-93ee-4060-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 22 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Mary L Landrieu Oppose Pres	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 203914.85	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	21.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	/ 24 2014
Signature	

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	include Ly					FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)				FEC I	DENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC				С	C00530766	
Ch	eck if 24-hour report 48-hour report New report	Aı	mends repo	rt filed on	M = M	/ D D /	Y = Y = Y
П	Full Name of Payee			Da	ate of Publ	lic Distribution/	Dissemination
	Thomas A Gawdun				10	/ 22 /	2014
	Mailing Address 2207 SE 64th St			Ar	mount		
	City State Zip (Code		— Г			30.00
	Topeka KS 6666					ID: ba8cfb83 oursement or C	-63f6-4a26-8
	Purpose of Expenditure Salary Car	itegory, Type			M M	22	2014
	Name of Federal Candidate		Support	Office Sc	ought:	House	District:00
	Mr. Greg Orman	X	Oppose	Pre	esident	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought 7631	13.90		Disburser 2014	ment For:	Primary	X General
	Full Name of Payee					lic Distribution/	Dissemination
1	Thomas A Gawdun				M M M	/ D D /	2014
	Mailing Address 2207 SE 64th St			A	mount		2014
1	City State Zip	Code					3.81
	Topeka KS 666	605		Tra D	ansaction I ate of Disb	ID: 82067299- oursement or C	234f-4e0e-b Obligation
	Purpose of Expenditure Mileage Car	tegory. Type			10	22	2014
1	Name of Federal Candidate		Support	Office So	ought:	House	District:00
	Mr. Greg Orman	X	Oppose	Pre	esident	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought 7	76313.	90	Disburse 2014	ment For: Other (s	Primary specify) ▶	X General
	(a) SUBTOTAL of Itemized Independent Expenditures			•			33.81
	(b) SUBTOTAL of Unitemized Independent Expenditures				1 1 7		
	(c) TOTAL Independent Expenditures			•			
١	Under penalty of perjury I certify that the independent expenditures repowith, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.						
	Ms. Emily Buchanan [Electronically	Filed]	Date	10	/ 24	201	4
	Signature						

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OF

Schedule E)	LINDLINI EXI LINDI	TOTILO		PAGE 14 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour r	eport New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee William M Criswell			M M /	Distribution/Dissemination
Mailing Address 115 Burns Mitchell Drive			Amount	22 2014
City	Ctata	7in Codo		60.00
City Belmont	State NC	Zip Code 28012		60.00 D: 7e620de0-0360-4618-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	NO.
Calendar Year-To-Date Per Election for Office Sought	10	51457.78	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee William M Criswell			Date of Public	Distribution/Dissemination
Mailing Address 115 Burns Mitchell Dri	ve		Amount	22 2014
City	State	Zip Code		9.30
Belmont	NC	28012		: 6e9e5c16-cd20-4c4c-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1051457.78	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent I	Expenditures		•	69.30
(b) SUBTOTAL of Unitemized Independer	nt Expenditures		•	
			7	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 24	2014
-				

Schedule E)	II LAFLIND	HONES		PAGE 15 OF 151 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC						
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y		
Full Name of Payee Mry S Everly				Public Distribution/Dissemination		
Mailing Address 787 N 1851 Diagonal Rd				0 22 2014		
			Amount			
City	State	Zip Code		30.00		
Lecompton	KS	66050		ction ID : 489ab5e2-48be-43af-a Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001		0 / 22 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Greg Orman		Oppose	Presider	Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought	7 7	76313.90	Disbursement 2014 Oth	For: Primary X General er (specify) ▶		
Full Name of Payee			Date of	Public Distribution/Dissemination		
Mry S Everly				0 22 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amoun			
City	State	Zip Code		3.30		
Lecompton	KS	66050		tion ID : aba7ef19-c69b-43a0-b Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002		0 / 22 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Mr. Greg Orman		X Oppose	Presider			
Calendar Year-To-Date Per Election for Office Sought	7 7	76313.90	Disbursement 2014 Oth	For: Primary ⊠ General ner (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditure	9S		•	33.30		
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	7 1 7 1 5		
(c) TOTAL Independent Expenditures			•	7 1 7 1 7		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10	24 2014		
•						

Per Election for Office Sought Pull Name of Payee Claud B Murphy JR Mailing Address PO Box 37 Amount City State Zip Code East Bend NC 27018 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures Under penalty of perjury I certify that the independent expenditures aparty committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Other (specify) Date of Public Distribution/Dissemination Table Type 22 / 2014 Amount Transaction ID : 9928528f-43bf-4788-9 Transaction		modulo L)		FOR SE OF FORM 24/48
Check if X 24-hour report			FEC	IDENTIFICATION NUMBER ▼
Full Name of Payee Claud B Murphy JR Mailing Address PO Box 37 City State Zip Code Ms. Kay Hagan Full Name of Payee Claud B Murphy JR Mailing Address PO Box 37 City State Zip Code Claud B Murphy JR Mailing Address PO Box 37 Category Dot Salary Category Dot Distribution Dissemination Transaction ID: db12929-432-4936-b Date of Distursement or Obligation Transaction ID: db12929-432-4936-b Date of Distursement For: Primary X General Distursement For: Prima	۷۱	romen Speak Out PAC	C	C00530766
Mailing Address 5821 Randolph St City State Zip Code Marrero LA 70072 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Payee Claud B Murphy JR Mailing Address PO Box 37 City State Zip Code Category/ On Transaction ID: db1/20/228-44/2a-4936-b Date of Disbursement or Obligation Date of Public Distribution/Dissemination Transaction ID: 90/228-41/2a-4936-b Date of Disbursement or Obligation Transaction ID: db1/20/228-41/2a-4936-b Date of Disbursement or Obligation Transaction ID: db1/20/28-41/2a-4936-b Date of Disbursement or Obligation Date of Public Distribution/Dissemination Transaction ID: 90/28-28-41/2a-4936-b Date of Disbursement For: Primary Science of Public Distribution/Dissemination Transaction ID: 90/28-28-41/2a-4936-b Date of Disbursement For: Primary Science of Public Distribution/Dissemination Transaction ID: 90/28-28-41/2a-4936-b Date of Disbursement For: Primary Science of Public Distribution/Dissemination Transaction ID: 90/28-28-41/2a-4936-b Date of Disbursement For: Primary Science of Public Distribution/Dissemination Transaction ID: 90/28-28-41/2a-4936-b Date of Disbursement For: Primary Science of Public Distribution/Dissemination Transaction ID: 90/28-28-41/2a-4936-b Date of Disbursement For: Public Distribution/Dissemination Transaction ID: 90/28-28-	Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M	/ D = D / Y = Y = Y
Mailing Address 5521 Randolph St City State Zip Code Marrero LA 70072 Name of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Mailing Address PO Box 37 City State Zip Code East Bend NC 27018 Purpose of Expenditure Salary Name of Federal Candidate NC 27018 Transaction ID: db120228-442a-4936-b Date of Disbursement or Obligation President Senate State: LA Other (specify) ▶ Calendar Year-To-Date Purpose of Expenditure Salary Name of Payee Claud B Murphy JR Mailing Address PO Box 37 City State Zip Code East Bend NC 27018 Transaction ID: 9928528-4381-4788-9 Date of Public Distribution/Dissemination Transaction ID: 9928528-4381-4788-9 Date of Disbursement or Obligation Transaction ID: 9928528-4381-4788-9 Date of Public Distribution/Dissemination Transaction ID: 9928528-4381-4788-9 Date of Disbursement or Obligation Transaction ID: 9928528-4381-4788-9 Date of Public Distribution/Dissemination Transaction ID: 9928528-4381-4788-9 Date of Publi	\neg	Full Name of Payee	Date of Pub	lic Distribution/Dissemination
City State Zip Code Marrero LA 70072 Purpose of Expenditure Salary Category/ Type 001 2 2 2 2014 Name of Federal Candidate Ms. Mary L Landrieu Category Compose President Senate State: LA Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Per Election for Office Sought Disbursement for: Disbursement For: Primary General Per Election for Office Sought Disbursement for: Disbursement For: Primary General Per Election for Office Sought Disbursement for: Disburs				
Marrero LA 70072 Furpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Salary State Zip Code East Bend NC 27018 Purpose of Expenditure Salary Name of Federal Candidate NC 27018 Purpose of Expenditure Salary Name of Federal Candidate NC 27018 Purpose of Expenditure Salary Name of Federal Candidate NC 27018 Purpose of Expenditure Salary Name of Federal Candidate NC 27018 Purpose of Expenditure Salary Name of Federal Candidate NC 27018 Purpose of Expenditure Salary Name of Federal Candidate Support Calendar Year-To-Date Per Election for Office Sought 1051457.78 Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Linder penalty of perjury certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion od, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date 10 22 2 2014 Date of Dubicursement For: Primary Category Transaction ID: 22 2 2014 Amount Transaction ID: 22 2 2014 Tran		Mailing Address 5521 Randolph St	Amount	
Marrero LA 70072 Furpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought NC Category/ Type Oo1 Transaction ID: db120228442a-4936-b Date of Disbursement or Coligation President Senate State: LA Disbursement For: Primary General 2014 Other (specify) ► Full Name of Payee Claud B Murphy JR Mailing Address PO Box 37 City State Zip Code East Bend NC Category/ Type Oo1 Transaction ID: db120228442a-4936-b Date of Disbursement or Coligation To President Senate State: LA Amount Transaction ID: db120228442a-4936-b Date of Disbursement or Coligation Persident Senate State: LA Amount Transaction ID: db120228442a-4936-b Date of Disbursement or Coligation Persident Senate State: LA Amount City State Zip Code East Bend NC 27018 Transaction ID: 9928528143b1-4788-9 Date of Disbursement or Coligation To Date of Public Distribution/Dissemination Transaction ID: 9928528143b1-4788-9 Date of Disbursement or Coligation To Date of Public Distribution/Dissemination Transaction ID: 9928528143b1-4788-9 Date of Disbursement or Coligation To Date of Public Distribution/Dissemination Transaction ID: 9928528143b1-4788-9 Date of Disbursement For: Disbursement or Coligation Transaction ID: 9928528143b1-4788-9 Date of Disbursement For: Disbursement For: Date of Disbursement For: D	ŀ	City State Zip Code		30.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Claud B Murphy JR Mailing Address Po Box 37 City East Bend NC Z7018 Purpose of Expenditure Salary Name of Federal Candidate NC Z7018 Purpose of Expenditure Salary Name of Federal Candidate NC Z7018 Purpose of Expenditure Salary Name of Federal Candidate NC Category Type O01 Transaction ID: 99285281-4351-4788-9 Date of Disbursement or Obligation Trans		· ·		ID : db120228-f42a-4936-b
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Claud B Murphy JR Mailing Address PO Box 37 City State Zip Code East Bend NC 27018 Purpose of Expenditure Salary Name of Federal Candidate Ns. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Ns. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Soug		Salary Odd	M = M	/ D D / Y Y Y Y
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought President Calendar Year-To-Date Per Election for Office Sought President Calendar Year-To-Date Per Election for Office Sought President Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General 2014 Other (specify) ▶ Date of Public Distribution/Dissemination Amount City State Zip Code East Bend NC 27018 Purpose of Expenditure Salary Name of Federal Candidate NS. Kay Hagan Category/ Type Office Sought Nopose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Independent Expend		Name of Federal Candidate Support Office	Sought:	House District:00
Per Election for Office Sought Pull Name of Payee Claud B Murphy JR Mailing Address PO Box 37 Amount City State Zip Code East Bend NC 27018 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures Under penalty of perjury I certify that the independent expenditures aparty committee) any political party committee or its agent. Ms. Emily Buchanan (Electronically Filed) Date Other (specify) P Date of Public Distribution/Dissemination Table To Date The Specify Pay 2014 Other (specify) P Date of Public Distribution/Dissemination To Distribution/Dissemination Table To Date The Specify Pay 2014 Other (specify) P		Ma Mary I Landriau	-	
Full Name of Payee Claud B Murphy JR Mailing Address PO Box 37 Mailing Address PO Box 37 City State Zip Code East Bend NC 27018 Purpose of Expenditure Salary Category/ 001 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		000044.05		
Mailing Address PO Box 37 City State Zip Code East Bend NC 27018 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date 10 22 2014 Amount Transaction ID: 928528f-43b1-4788-9 Date of Disbursement or Obligation Transaction ID		Full Name of Payee	Date of Pub	olic Distribution/Dissemination
City State Zip Code East Bend NC 27018 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures City Total Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. [Electronically Filed] Date 101 Transaction ID: 99285281-43b1-4788-9 Date of Disbursement or Obligation To Date of Disbursement or Obligation Transaction ID: 99285281-448-18-18-18-18-18-18-18-18-18-18-18-18-18		Ma Trans Address a	10	
East Bend NC 27018 Transaction ID: 9928528f-43b1-4788-9 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought To Disbursement For: Primary Genera Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. [Electronically Filed] Date Transaction ID: 9928528f-43b1-4788-9 Date of Disbursement or Obligation For Category/ Type Other (Sought: House District: O0 State: NC Other (specify) Other (specify) 65.00			Amount	
Purpose of Expenditure Salary Date of Disbursement or Obligation			سسالا	
Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Office Sought: House District: OD Other (specify) Cother (specify) 65.00 65.00			Transaction Date of Disk	ID: 9928528f-43b1-4788-9 bursement or Obligation
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC		Salany Category/ 001		
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC		Name of Federal Candidate Support Office	Sought:	House District:00
Calendar Year-To-Date Per Election for Office Sought 1051457.78 Disbursement For: Primary General Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Disbursement For: Primary General Other (specify) And Other (specify) Disbursement For: Primary General Other (specify) Date Disbursement For: Primary Other (specify)			-	
(b) SUBTOTAL of Unitemized Independent Expenditures		Calendar Year-To-Date Disbu	·	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M. M	((a) SUBTOTAL of Itemized Independent Expenditures		65.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date MMM Date 10 24 2014	((b) SUBTOTAL of Unitemized Independent Expenditures		7
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M M M	((c) TOTAL Independent Expenditures		7 7
[Electronically Filed] Date 10 24 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe		
Duto 10 = 1		[F14		
		Signature		

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ooneddie Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
Claud B Murphy JR	10 22 2014
Mailing Address PO Box 37	ount
City State Zip Code	10.80
East Bend NC 27018 Trail	nsaction ID: 43c15cf0-7419-4701-a e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District: 00
Ms. Kay Hagan Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
Full Name of Days	Other (specify)
Full Name of Payee Judith A Murphy Dat	te of Public Distribution/Dissemination
Mailing Address PO Box 37	10 22 2014 nount
City State Zip Code	35.00
	nsaction ID: e4e350cf-47e3-4ce9-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 22 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	45.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Sched	lule E)	L /(1 L /(2)	1101120		PAGE 18 OF 151 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check if	f 🔀 24-hour report 🔲 48-hour report	New repo	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full	Name of Payee			Date	of Public Distribution/Dissemination
Jo	on Linch				10 22 2014
Maii	ling Address 6108 Harkins Ave			Amou	nt
City		State	Zip Code		80.00
	le Rock	AR	72210		action ID: 7748ec85-8c89-4256-a of Disbursement or Obligation
Pur _l Sal	pose of Expenditure lary		Category/ Type 001	M	10 22 / Y Y Y Y Y
Nan	ne of Federal Candidate		Support	Office Sough	t: House District:00
Mr.	Mark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	1	190712.88	Disbursemen 2014 O	t For:
	Name of Payee			Date	of Public Distribution/Dissemination
Jo	on Linch			IV	10 / DID / YIYIY
	ling Address 6108 Harkins Ave			L	10 22 2014
	ing Address 6108 Harkins Ave			Amou	nt
City		State	Zip Code		29.10
	pose of Expenditure	AR	72210		ction ID : 02672177-ac02-4f79-8 of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		10 22 / 2014
Nar	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Mr.	Mark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	190712.88	Disbursemen 2014 O	t For:
(a) S	SUBTOTAL of Itemized Independent Expenditures	3		•	109.10
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	7 1 7 1 7
(c) T	TOTAL Independent Expenditures			· [7 1 7 1 7 1
with,	er penalty of perjury I certify that the independent or at the request or suggestion of, any candidate committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	m m /	24 2014
Si	ignature		_		

Sc	hedule E)		1101120		PAGE 19 OF 151 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
 Che	eck if X 24-hour report 48-hour report X Ne	ew rep	port Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee			D	ate of Public Distribution/Dissemination
	Sharon t Craig				10 22 2014
	Mailing Address 1410 Bushville Dr			Aı	mount
Ì	City State		Zip Code		45.00
	Lenoir NC		28645		ransaction ID : fa2740f6-5eef-4ab3-9 late of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate		Support	Office Sc	ought: House District: 00
	Ms. Kay Hagan		Oppose		esident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	051457.78	Disburse 2014	ement For:
ſ	Full Name of Payee			D	Pate of Public Distribution/Dissemination
	Sharon t Craig				10 22 2014
ŀ	Mailing Address 1410 Bushville Dr				10 22 2014
	1410 Bushville Bi			Α	mount
ŀ	City State		Zip Code		15.30
	Lenoir NC		28645		ansaction ID: dc7b982a-94de-4005-b late of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 22 / 2014
Ī	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Kay Hagan		Oppose	Pre	resident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		1051457.78	Disburse 2014	ement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	•••••		•	60.30
((b) SUBTOTAL of Unitemized Independent Expenditures			. •	
((c) TOTAL Independent Expenditures			•	
٧	Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authoraty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [El	lectron	nically Filed] Date	M M M	24 2014
	Signature		_		

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	ck if X 24-hour report 48-hour report New report Amends report filed		- M	/ D = D /	Y Y Y Y Y
Т	Full Name of Payee	Date o	of Pub	olic Distribution	/Dissemination
	Kathy Anderson		10 ^M	/ 22 /	2014
	Mailing Address 3041 SW Burlingame Rd	Amour	nt		
	City State Zip Code	Г.			35.00
١	Topeka KS 66611			n ID: cbd98f58 bursement or (3-c877-4e38-a
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	/ D D /	2014
ħ	Name of Federal Candidate Support Office	Sought	t:	House	District:00
	Mr. Greg Orman	Preside		Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement		Primary	General
r	Full Name of Payee			olic Distribution	/Dissemination
١	Kathy Anderson	M	10 ^M	/ D D /	2014
	Mailing Address 3041 SW Burlingame Rd	Amou	nt		
ŀ	City State Zip Code	г			8.70
	Topeka KS 66611			ID: 71bfd74b- bursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	22	2014
Γ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsemen		Primary specify) ▶	/ X General
(a	a) SUBTOTAL of Itemized Independent Expenditures				43.70
(k	b) SUBTOTAL of Unitemized Independent Expenditures				
(0	c) TOTAL Independent Expenditures	Ċ		7 7	
W	nder penalty of perjury I certify that the independent expenditures reported herein were not maith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	M /	24	D / Y Y 201	4
	Signature				

PAGE

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OF

Schedule E)	NOENT EXICIO	TIONES	_	AGE 21 OF 151 DR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼		
Women Speak Out PAC C c00530766						
Check if 24-hour report 48-hour rep	port New rep	port Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee			Date of Public D	istribution/Dissemination		
Irene R Hoyer			10	22 / 2014		
Mailing Address 4310 N Mission Rd			Amount			
City	State	Zip Code		35.00		
Bel Aire	KS	67226		ef211a9b-26b8-46cb-8 ement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001		22 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Greg Orman		X Oppose	President X	Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought	,	76313.90	Disbursement For: 2014 Other (speci	Primary		
Full Name of Payee	_		Date of Public D	istribution/Dissemination		
Irene R Hoyer			M M /	22 / 2014		
Mailing Address 4310 N Mission Rd			Amount			
City	State	Zip Code		7.59		
Bel Aire	KS	67226		d428a65e-98fc-4892-8 ement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Greg Orman		Oppose	President X	Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		76313.90	Disbursement For: 2014 Other (speci	Primary X General		
(a) SUBTOTAL of Itemized Independent Ex	penditures			42.59		
			7	7		
(b) SUBTOTAL of Unitemized Independent	Expenditures		•			
(c) TOTAL Independent Expenditures			•	42		
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 24	2014		
- 3						

Schedule E)	INT EXI END	ITOTILO		PAGE 22 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		* M / D * D / Y * Y * Y * Y
Full Name of Payee Leslie D Moore				of Public Distribution/Dissemination
Mailing Address 1903 Swan Dr			Amour	10 22 2014 nt
City	State	Zip Code	— r	75.00
Lenoir	NC	28645		action ID : 24768735-e22f-4fde-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	10 22 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent State: NC
Calendar Year-To-Date Per Election for Office Sought	1(051457.78	Disbursement 2014 Of	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Leslie D Moore			М	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1903 Swan Dr			Amou	nt
City	State	Zip Code		4.80
Lenoir	NC	28645		ction ID : 7bdbee38-5aba-4f92-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	10 22 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		1051457.78	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			79.80
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
				4 1 4 1 4 1
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	24 2014
Signature				

Schedule E)	IVI EXI END	ITOTILO		PAGE 23 OF 151 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼		
Women Speak Out PAC C c0053076						
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y		
Full Name of Payee Kirsten E McKinney			M = M	ic Distribution/Dissemination		
Mailing Address 1419 S Highbush Ave			Amount	22 2014		
City	State	Zin Codo		20.00		
Fayetteville	AR	Zip Code 72701		ID: 65d66828-c8f4-4078-8 pursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	M 10	22 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose		Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	1	90712.88	Disbursement For: 2014 Other (s	Primary		
Full Name of Payee Kirsten E McKinney			Date of Publ	lic Distribution/Dissemination		
Mailing Address 1419 S Highbush Ave			Amount	22 2014		
City	State	Zip Code		6.00		
Fayetteville	AR	72701		ID: 78f30517-e7c6-4b43-8 bursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	- J- 1- J- J-	190712.88	Disbursement For: 2014 Other (s	Primary X General Specify) ►		
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	26.00		
(b) SUBTOTAL of Unitemized Independent Expen	ditures					
			4	4		
(c) TOTAL Independent Expenditures			•	4		
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 24	2014		

Schedule E)	II EXPEND	TIONES	PAGE FOR S	24 OF 151 E OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	CATION NUMBER ▼
Women Speak Out PAC			C C00530	766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	t filed on	/ Y = Y = Y = Y
Full Name of Payee Joshua J Huffman			Date of Public Distribu	/ Y = Y = Y
Mailing Address 211 Dixie Ave			10 22 Amount	2014
City	State	Zip Code		35.00
Harrisonburg	VA	22801	Transaction ID : 9267	'50cc-03f1-4c4d-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement	/
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
Mr. Greg Orman		Oppose	President X Sena	
Calendar Year-To-Date Per Election for Office Sought	7	76313.90		mary X General
Full Name of Payee	_		Date of Public Distrib	ution/Dissemination
Alisha A Hauser			10 / 22	
Mailing Address 199 Raven Circle			Amount	
City	State	Zip Code		53.80
Wilkesboro	NC	28697	Transaction ID : 037fc Date of Disbursement	c36-93fb-4137-a
Purpose of Expenditure Salary		Category/ Type 001	10 22	2014
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
Ms. Kay Hagan		Oppose	President Sena	te State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1051457.78	Disbursement For: Pri 2014 Other (specify) ▶	mary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es		·	88.80
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	
			4	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 24 Y	^Y 2014
Signature				

Sc	hedule E)	10.120		PAGE 25 OF 151 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		С	C00530766
Che	ck if X 24-hour report 48-hour report New repo	ort Amends repor	rt filed on	/ D = D / Y = Y = Y = Y
T	Full Name of Payee Alisha A Hauser		M = M	olic Distribution/Dissemination
ŀ	Mailing Address 199 Raven Circle		Amount	22 2014
ŀ	City State	Zip Code		10.71
		28697		n ID: 16153beb-e245-4986-b bursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	10	22 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	51457.78	Disbursement For: 2014 Other (Primary X General Specify) ▶
Γ	Full Name of Payee		Date of Pul	olic Distribution/Dissemination
1	Leona Martin		10	/ D D / Y Y Y Y Y Y 22 2014
ŀ	Mailing Address 9901 Floyd St			22 2014
1	33377.16,4 51		Amount	
ŀ	City State	Zip Code		35.00
	Overland Park KS	66212	Transaction Date of Dis	ID: 879fb616-9186-498b-a bursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10	/ D D D / Y Y Y Y 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Greg Orman	Oppose	President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	76313.90	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		•	45.71
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures		·	7
W	Inder penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronic	cally Filed] Date	10 / 24	
	Signature	_		

So	chedule E)	IL FIAD	ITOILS				PAGE 26 OF 151 FOR SE OF FORM 24/48
NΑ	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC					С	C00530766
Ch	eck if 24-hour report 48-hour report	New rep	ort Ame	ends repo	rt filed on	M = M	
	Full Name of Payee Leona Martin				Date	of Publi	c Distribution/Dissemination
	Mailing Address 9901 Floyd St				Amo	10 unt	22 2014
	City		Zin Codo				7.80
	City State Overland Park KS		Zip Code 66212				ID: 1461e439-30a1-493b-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002] [M 10	22 / 2014
	Name of Federal Candidate		S	upport	Office Soug	ht:	House District: 00
	Mr. Greg Orman			ppose	Presid	dent	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		76313.90		Disburseme 2014	nt For: Other (sp	Primary
	Full Name of Payee				Date	of Publi	ic Distribution/Dissemination
	Amanda Boley					10 M	/ D D / Y Y Y Y Y Y Y Z Y Z 2014
	Mailing Address Split Oak Drive				Amo	unt	
	City State	<u></u>	Zip Code				71.50
	charlotte NC	:	28227				D: 06b371ef-b3c9-4e46-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10 M	22 / 2014
	Name of Federal Candidate		S	upport	Office Soug	ght:	House District: 00
	Ms. Mary L Landrieu		Xo	ppose	Presi	dent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		203914.85		Disburseme 2014		Primary
	(a) SUBTOTAL of Itemized Independent Expenditures				•		79.30
	(b) SUBTOTAL of Unitemized Independent Expenditures				· [7	1171171
	(c) TOTAL Independent Expenditures				· [1 42 1 42
	Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan Signature	[Electron	ically Filed]	Date	10 N	24	2014

Schedule E)	INT EXI END	HONES	⊢	PAGE 27 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	D = D / Y = Y = Y			
Full Name of Payee			Date of Public	Distribution/Dissemination
Amanda Boley			10	22 / 2014
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code		17.49
charlotte	NC	28227		D: 780d1e90-fd52-4321-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u></u>
Calendar Year-To-Date Per Election for Office Sought	7	203914.85	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Christopher L Gilbert			10	22 2014
Mailing Address 55 Lovell Johnson Rd			Amount	
City	State	Zip Code		75.00
Picayune	MS	39466		: dd1b6b5d-91df-4d44-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · ·	203914.85	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			92.49
, , ,				
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 24	2014

Scł	hedule E)	LI 12.	1101120		PAGE 28 OF 151 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if X 24-hour report 48-hour report	New repo	port Amends repo	ort filed or	n
T	Full Name of Payee Christopher L Gilbert			[Date of Public Distribution/Dissemination
	Mailing Address 55 Lovell Johnson Rd				10 22 2014 Amount
-	City State		Zip Code		34.20
	Picayune MS		39466		Fransaction ID : e0c2a988-7454-4723-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 22 Y 2014
ı	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Ms. Mary L Landrieu		Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	203914.85	Disburs 2014	ement For:
	Full Name of Payee Edmond D Rea			1	Date of Public Distribution/Dissemination
	Mailing Address 416 Vine Dr				10 22 2014 Amount
-	City State	,	Zip Code		70.00
	Lawrence KS		66049	T ₁	ransaction ID : 1168b28e-2e01-4567-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 / 22 / 2014
Ī	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Greg Orman		X Oppose		President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		76313.90	Disburs 2014	ement For: Primary General Other (specify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures				104.20
(I	b) SUBTOTAL of Unitemized Independent Expenditures			··· • [
(0	c) TOTAL Independent Expenditures			··· • [
W	Under penalty of perjury I certify that the independent expervith, or at the request or suggestion of, any candidate or autoraty committee) any political party committee or its agent.				
		Electron	nically Filed] Date	e 10	24 2014
	Signature				

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out Pa	4C		C	00530766
Check if 24-hour report	48-hour report New rep	port Amends report	filed on/	D = D / Y = Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Edmond D Rea			10	22 / 2014
Mailing Address 416 Vine D	ſ		Amount	
City	State	Zip Code		14.40
Lawrence	KS	66049		0: 42af6e80-0673-48f0-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support C	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office S	Sought		Disbursement For: [D14 Other (spe	Primary
Full Name of Payee Malissa A Arsnoe				Distribution/Dissemination D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3301 N F	Irst St		Amount	
City	State	Zip Code		10.00
Jacksonville	AR	72076		: 5a1e0bd6-8adf-432e-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office	Sought		Disbursement For: [2014 Other (spe	Primary
(a) SUBTOTAL of Itemized In	ndependent Expenditures			24.40
(b) SUBTOTAL of Unitemized	Independent Expenditures			
(c) TOTAL Independent Expe	enditures		4	1 4 1 4 1
	rtify that the independent expenditures gestion of, any candidate or authorized party committee or its agent.			
Ms. Emily Buchan		nically Filed] Date	10 / 24	2014
Signature				

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if X 24-hour report 48-hour report X New report X Amends report filed		= M	/ D = D /	Y I Y I Y I Y
П	Full Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
١	Malissa A Arsnoe	M	10 ^M	/ 22 /	2014
	Mailing Address 3301 N First St	Amou	nt		
	City State Zip Code	Г.			1.20
	Jacksonville AR 72076			n ID: ab07bc87 bursement or C	7-0f3d-48b2-8
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	22	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Mark L Pryor Oppose	Preside		Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut	irsemen		Primary specify) ▶	General
	Full Name of Payee Lyndsey R Tarr			blic Distribution	/Dissemination
	Mailing Address 109 Essex Cv	Amou	10	22	2014
1	01 70	-	_		10.00
	City State Zip Code Jacksonville AR 72076			ID : 59780b5c	
	Purpose of Expenditure Salary Category/ Type 001	_	10	bursement or 0	2014
1	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures			7	11.20
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			- 47	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 /	24	D / Y Y 201	4
	Signature				

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OF

Schedule E)	I EXI END	TONEO		PAGE 31 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends rep	ort filed on	M
Full Name of Payee Lyndsey R Tarr				of Public Distribution/Dissemination
Mailing Address 109 Essex Cv			Amou	10 22 2014 ant
City	State	Zip Code		1.20
Jacksonville	AR	72076		saction ID : 5293ab23-3dfc-491a-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 22 7 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	190712.88	Disbursement 2014	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
James A Sears			7	M M / D D / Y Y Y Y Y
Mailing Address 305 Averroe Dr				10 22 2014
303 AVEITUE DI			Amou	ınt
City	State	Zip Code		35.00
Apex Purpose of Expenditure	NC	27502		of Disbursement or Obligation
Salary		Category/ Type 001		10 22 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan		X Oppose	Presid	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1051457.78	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	S		▶	36.20
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		··· •	
(c) TOTAL Independent Expenditures			··· •	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Dat	e 10	24 2014
Signature				

Sch	nedule E)	71101.120		PAGE 32 OF 151 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)		FEC !	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC		С	C00530766
Chec	ck if X 24-hour report 48-hour report New re	eport Amends repor	rt filed on	/ D = D / Y = Y = Y
	Full Name of Payee Katelyn Stringer		M = M	lic Distribution/Dissemination
1	Mailing Address 2134 Oxford Dr		10 Amount	22 2014
	City State	Zip Code		30.00
- 1	Salina KS	67401		ID: 04fff7a9-6e9e-4e88-8 bursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10	22 / 2014
1	Name of Federal Candidate	Support	Office Sought:	House District:00
	Mr. Greg Orman	X Oppose	President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	76313.90	Disbursement For: 2014 Other (s	Primary
	Full Name of Payee Katelyn Stringer		M = M	lic Distribution/Dissemination
	Mailing Address 2134 Oxford Dr		Amount	22 2014
	City State	Zip Code	— I	0.76
	Salina KS	67401	Transaction Date of Disk	ID : a9f1aaaf-8016-4e0b-b oursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	10 M	22 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Greg Orman	Oppose	President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	76313.90	Disbursement For: 2014 Other (s	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures		>	30.76
(b	o) SUBTOTAL of Unitemized Independent Expenditures		. >	
(c	e) TOTAL Independent Expenditures		•	792
wi	nder penalty of perjury I certify that the independent expenditure ith, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
		onically Filed] Date	10 24	2014
	Signature			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 33 OFFOR SE OF FORM	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NU	JMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	rt filed on	Y		
Full Name of Payee Kendyl H Browder				Y Y Y
Mailing Address 4429 Lagan Circle			10 22 2 Amount	2014
City	State	Zin Codo		18.00
Winterville	NC	Zip Code 28590	Transaction ID : 39109847-be71 Date of Disbursement or Obligation	-407f-8
Purpose of Expenditure Salary		Category/ Type 001	M = M / D = D / Y =	2014
Name of Federal Candidate		Support	Office Sought: House Distric	t· 00
Ms. Kay Hagan		X Oppose	President Senate State	
Calendar Year-To-Date Per Election for Office Sought	1	051457.78	Disbursement For: Primary ≥ 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Disser	mination
Hannah J Landry				2014
Mailing Address 1110 N Coolidge			Amount	
City	State	Zip Code		92.50
Gonzales	LA	70737	Transaction ID : f86e26e2-0338-4 Date of Disbursement or Obligat	508-a
Purpose of Expenditure Salary		Category/ Type 001		2014
Name of Federal Candidate		Support	Office Sought: House District	t: <u>00</u>
Ms. Mary L Landrieu		X Oppose	President X Senate State	_
Calendar Year-To-Date Per Election for Office Sought		203914.85	Disbursement For: Primary ≥ 2014 Other (specify) ►	General
(a) SUBTOTAL of Itemized Independent Expendent	litures		. > 11	0.50
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
(,,			7	-45
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 24 2014	
5.g.iataro				

Sche	dule E)				PAGE 34 OF 151 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if X 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Ful	II Name of Payee			Date of	of Public Distribution/Dissemination
H	lannah J Landry				10 / 22 / 2014
Ma	ailing Address 1110 N Coolidge			Amou	nt
Cit	y	State	Zip Code		14.91
	onzales	LA	70737		action ID : bbca83f5-e61c-499e-8 of Disbursement or Obligation
	rpose of Expenditure ileage		Category/ Type 002	М	10 22 / Y Y Y Y Y Y Y
Na	me of Federal Candidate		Support	Office Sough	t: House District:00
M	s. Mary L Landrieu		X Oppose	Preside	ent State: LA
	Calendar Year-To-Date Per Election for Office Sought		203914.85	Disbursemen 2014 O	t For:
	Il Name of Payee			Date	of Public Distribution/Dissemination
IN	lary C Lee			IV	10 22 2014
Ma	ailing Address 1030 N Coolidge Ave				10 22 2014
				Amou	nt
Cit	ty	State	Zip Code		92.50
	onzales	LA	70737	Transa Date	oction ID : e074bb99-bb97-4557-b of Disbursement or Obligation
	ırpose of Expenditure alary		Category/ Type 001	TV	10 / 22 / 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
M	s. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	203914.85	Disbursemen 2014 O	ther (specify) ►
(a)	SUBTOTAL of Itemized Independent Expenditure	S		•	107.41
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures		•	
(c)	TOTAL Independent Expenditures			•	7 7
with	er penalty of perjury I certify that the independe , or at the request or suggestion of, any candidat y committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	10	24 2014
5	Signature		_		

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	neck if X 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mary C Lee	10 22 2014
	Mailing Address 1030 N Coolidge Ave	Amount
	City State Zip Code	14.91
	Gonzales LA 70737	Transaction ID : 7a40df85-d835-4f89-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 22 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbrace 203914.85 2014	ursement For: Primary X General
	Per Election for Office Sought	Other (specify) ▶
	Full Name of Payee Luke S Buren	Date of Public Distribution/Dissemination
	Mailing Address 415 E Carroll	10 22 2014 Amount
	City State Zip Code Macomb IL 61455	30.00 Transaction ID : 577593a0-3212-4bbd-b
	Purpose of Expenditure Category/ Category/	Date of Disbursement or Obligation
	Salary Out Type 001	10 22 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	44.91
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		10 24 2014
	Signature	

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OF

Scł	hedule E)	L /(1 L (1).	10.120				PAGE 36 OF 151 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report 48-hour report	New repo	ort Ame	nds repo	ort filed on	и = м /	D = D / Y = Y = Y
Т	Full Name of Payee Melissa D Turner					M = M	c Distribution/Dissemination
-	Mailing Address 9653 Nations Dr				Amou	10 unt	22 2014
-	City	State	Zip Code		-		30.00
	Springdale	AR	72762				ID: b8ff0c08-4456-4abd-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10	22 / 2014
ŀ	Name of Federal Candidate		Sı	upport	Office Soug	nt:	House District: 00
	Mr. Mark L Pryor			ppose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	190712.88		Disbursement 2014	nt For: Other (sp	Primary
	Full Name of Payee Rhonda Moback					of Publi	c Distribution/Dissemination
	Mailing Address 2704 E Glen Oaks Dr				Amo		
1	City	State	Zip Code				35.00
	Wichita	KS	67216				D: 83c56bec-72b9-42a7-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001] [10	22 / 2014
	Name of Federal Candidate		Sı	upport	Office Soug	ht:	House District:00
	Mr. Greg Orman		X o	ppose	Presid	dent	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		76313.90		Disburseme 2014		Primary ⊠ General Decify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures.				· [65.00
(I	b) SUBTOTAL of Unitemized Independent Expenditure	res			· • [
(0	c) TOTAL Independent Expenditures				· -		
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	10	24	/ Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature						

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New	v report Amends report filed on Amends report
Full Name of Payee Rhonda Moback	Date of Public Distribution/Dissemination
	10 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2704 E Glen Oaks Dr	Amount
City State	Zip Code 12.00
Wichita KS	67216 Transaction ID : 8744b7a5-fa17-4b29-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	76313.90 Disbursement For: ☐ Primary ☐ General Other (specify) ▶
Full Name of Payee Kayla T Royce Mailing Address 500 Lakeview Dr	Date of Public Distribution/Dissemination 10 22 / Y 2014
	Amount
City State	Zip Code 30.00
Huntsville AR	72740 Transaction ID : 0079ab52-931c-42b1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 22 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	42.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	—————————————————————————————————————
	itures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
	ectronically Filed] Date 10 24 2014
Signature	

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OF

Schedule E)	nE3	PAGE 38 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Elizabeth H Newlun	Da	te of Public Distribution/Dissemination
Mailing Address 19762 Waldon Rd	Am	10 22 2014 nount
City State Zip	Code	30.00
Rogers AR 727	756 Tra	nsaction ID : 55f09d85-9869-42cf-b
Purpose of Expenditure Salary	ategory/ Type 001	te of Disbursement or Obligation 10 22 2014
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Mr. Mark L Pryor		sident State: AR
Calendar Year-To-Date Per Election for Office Sought	12.88 Disbursem 2014	nent For:
Full Name of Payee	Da	te of Public Distribution/Dissemination
Elizabeth H Newlun		10 22 2014
Mailing Address 19762 Waldon Rd	An	nount
City State Zip	Code	9.60
_ ` `	756 Trai	nsaction ID : 045ed5ac-16c2-40a6-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage Ca	ategory/ Type 002	10 22 / 2014
Name of Federal Candidate	Support Office Sor	ught: House District: 00
Mr. Mark L Pryor		sident State: AR State:
Calendar Year-To-Date Per Election for Office Sought	90712.88 Disbursen 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures		39.60
	_	
(b) SUBTOTAL of Unitemized Independent Expenditures	•	7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures represent, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically	y Filed] Date 10	/ D D / Y Y Y Y Y 2014
Signature		

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M M / D D / Y Y Y Y Y
	Date of Public Distribution/Dissemination
Nathan D Stevens	10 / P 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9653 Nations Dr	Amount
City State Zip Code	30.00
Springdale AR 72762 T	ransaction ID: ae87a203-bf76-4f32-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Mr. Mark I. Prvor	resident State: AR
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary General
Full Name of Payee	Other (specify) Octoo of Public Distribution/Discomination
Nathan D Stevens	Date of Public Distribution/Dissemination
Mailing Address 9653 Nations Dr	10 22 2014 Amount
City State Zip Code	11.10
	ransaction ID : edfaa4f3-b598-4e7b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 22 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
	resident State: AR
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	41.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Y 2014
Signature	

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OF

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Erissia Anderson	10 22 2014
Mailing Address 11005 Oak Forest Pkwy Dr Apt F	ount
City State Zip Code	20.00
Saint Louis MO 63146 Trai	nsaction ID: 853640e3-c45f-44ff-b e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 10 22 / Y 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mr Mark I Pryor	ident State: AR
Calendar Year-To-Date Per Election for Office Sought 190712.88 2014	ent For: Primary X General
	Other (specify)
Full Name of Payee Daniel M Qauckenbush	e of Public Distribution/Dissemination
Mailing Address 12062 NC 902 Hwy	10 22 2014 ount
City State Zip Code	45.00
Bear Creek NC 27207 Tran	saction ID: 7f8f9607-9835-4db0-b e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 24 2014
Signature	

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OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Daniel M Qauckenbush	Da	te of Public Distribution/Dissemination
		10 22 2014
Mailing Address 12062 NC 902 Hwy	An	nount
City	State Zip Code	13.20
Bear Creek	NC 27207 Tra	ansaction ID : 61d3067f-ec0f-4fea-b te of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 22 7 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Ms. Kay Hagan		sident State: NC
Calendar Year-To-Date Per Election for Office Sought	1051457.78 Disbursen 2014	nent For:
Full Name of Payee Theresa a Youngblood Mailing Address 102 S Main Street Apt A2	Da	ate of Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2	An	nount
City	State Zip Code	55.00
		nsaction ID : f0956f7c-7333-4322-b ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 22 / 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Mr. Greg Orman	Oppose Pre	sident State: KS
Calendar Year-To-Date Per Election for Office Sought	76313.90 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	68.20
(b) SUBTOTAL of Unitemized Independent Expenditure	s	
(c) TOTAL Independent Expenditures	······································	1 1 7 1 7 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	24 2014
Signature		

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if Z 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
	Zachary R McCleese	10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 323 Rolling Pines Dr	Amount
	City State Zip Code	60.00
	Spring Lake NC 28390	Transaction ID: 4b983b1c-4957-4745-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 22 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General
	Per Election for Office Sought	Other (specify) >
	Full Name of Payee Zachary R McCleese	Date of Public Distribution/Dissemination
	Mailing Address 323 Rolling Pines Dr	10 22 2014 Amount
1	City State Zip Code	20.70
	Spring Lake NC 28390	Transaction ID : 40c549ea-ad1d-4a2b-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate Support Office	Sought: House District: 00
		President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	80.70
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 24 2014
	Signature	
_		

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Schedule E)	INI EXI END	ITOTILO		PAGE 43 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Mr. Roger McKinney			M = M	blic Distribution/Dissemination
Mailing Address 308 West Main Street			10 Amount	22 2014
City	State	Zip Code		62.50
Pilot Mountian	NC	27041		on ID : 63f38a48-aa99-4b8a-a
Purpose of Expenditure Salary		Category/ Type 001	10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	051457.78	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Mr. Roger McKinney			Date of Pu	ublic Distribution/Dissemination
			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street			Amount	
City	State	Zip Code		15.96
Pilot Mountian	NC	27041		n ID : f2d71882-94da-4c95-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	/ 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1051457.78	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			78.46
				7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	7 7 7
(c) TOTAL Independent Expenditures			>	7 1 7 1 7 1
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 24	
- 3				

Schedule E)	LIVI EXI LIVE	TIONES	_	PAGE 44 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Glenda McKinney				Distribution/Dissemination
Mailing Address 308 West Main Street			10 /	22 / 2014
333 77651 71747 317531			Amount	
City	State	Zip Code		62.50
Plot Mountain	NC	27041	I	: 921c8d0b-3fca-4ec2-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	051457.78	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Alice K Salazar			10	22 / 2014
Mailing Address 605 W Houston St			Amount	
City	State	Zip Code		80.00
Marshall	TX	75633		499b952f-e816-438a-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	203914.85	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures		.	142.50
(b) CURTOTAL of Unitermined Independent Evenendent	n dituro o			
(b) SUBTOTAL of Unitemized Independent Expe	naitures		•	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 24	2014
3.9				

Schedule E)	INT EXI END	ITOTILO		PAGE 45 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Alice K Salazar			M = M	lic Distribution/Dissemination
Mailing Address 605 W Houston St			10 Amount	22 2014
City	State	Zin Codo		50.40
Marshall	TX	Zip Code 75633		ID: b73b9398-4ac0-4d0b-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	203914.85	Disbursement For: 2014 Other (s	Primary X General
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Brian A Sherwood			10	22 2014
Mailing Address 1003 W 5th St			Amount	
City	State	Zip Code		32.50
Coffeyville	KS	67337		ID: d6e42cc6-1eff-4ee1-8 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	76313.90	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures		. •	82.90
(b) SUBTOTAL of Uniternized Independent Exper	iditures			
(a) action in comment to the comment of the comment				7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 24	2014
-				

Schedule E)	II EXI END	HONES	+	PAGE 46 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Brian A Sherwood			Date of Public	Distribution/Dissemination
Mailing Address 1003 W 5th St			10 Amount	22 2014
072	Otata	7:- 0-1-		4.00
City Coffeyville	State KS	Zip Code 67337		1.80 D: 141141fa-c669-4207-8 resement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	7	76313.90	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Chad E Day	_		M = M /	Distribution/Dissemination
Mailing Address 168 Emerald Hill			Amount	22 2014
City	State	Zip Code		120.00
Forest City	NC	28043		: 9fc0796d-72c4-422c-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1051457.78	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditur	es		·	121.80
(b) SUBTOTAL of Unitemized Independent Expendent	itures			
(c) TOTAL Independent Expenditures			7	
(-,			7	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 24	2014
olgilatule				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
	olic Distribution/Dissemination
James R Hooper	22 / 2014
Mailing Address 502 N Oak St Amount	
City State Zip Code	52.50
	n ID: 5566806d-e437-45f0-a bursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 10	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (s	Primary ⊠ General
	olic Distribution/Dissemination
James R Hooper	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 502 N Oak St Amount	
City State Zip Code	15.60
	ID: 0670ec8f-9d56-4746-9 bursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	22 / 2014
Name of Federal Candidate Support Office Sought:	House District:00
Mr. Mark L Pryor Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (s	Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	68.10
	7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	F
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the re party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 24	

Schedule E)	LIVI EXI LIVE	TIONES		PAGE 48 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Diane Smith			10	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4006 Wolkswalk Place			Amount	
City	State	Zip Code		13.00
Raleigh	NC	27610		D: 27825a89-c139-4117-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	051457.78	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Diane Smith			10	22 / 2014
Mailing Address 4006 Wolkswalk Place			Amount	
City	State	Zip Code		6.00
Raleigh	NC	27610		: 48dfbdcd-c8c6-40fb-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1051457.78	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures			19.00
/b) CURTOTAL of Unitamized Independent Every	on diturno			
(b) SUBTOTAL of Unitemized Independent Exp	enaitures		•	4 1 4
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any cal party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 24	2014
- 3				

Schedule E)				PAGE 49 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	ort filed on	/ DID / YIYIY
Full Name of Payee Regina R Mouton			Date of P	ublic Distribution/Dissemination
Mailing Address 5827 Brighton PI			Amount	22 2014
City	State	Zip Code		5.00
New Orleans	LA	70131		on ID : 71dd0275-afba-4b41-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		203914.85	Disbursement Fo	or:
Full Name of Payee Sommer E Cox			Date of P	rublic Distribution/Dissemination
Mailing Address 1519 Walshtown Rd			Amount	22 2017
City	State	Zip Code	— I	63.30
Boomer	NC	28606	Transaction Date of D	on ID: 70312a8f-e439-4b09-9 disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1051457.78	Disbursement Fo	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures			68.30
(b) SUBTOTAL of Unitemized Independent Exp	andituras			7 1 7 1 7 1
(b) SOBTOTAL OF OFficernized independent Exp	enditures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any caparty committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		24 2014
Signature				

Schedule E)				PAGE 50 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour	r report New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Sommer E Cox			M - M	ic Distribution/Dissemination
Mailing Address 1519 Walshtown Rd			Amount	22 2014
City	State	Zip Code		7.86
Boomer	NC	28606		ID: b7adf65f-3627-4c6c-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10)51457.78	Disbursement For: 2014 Other (specification)	Primary X General pecify) ▶
Full Name of Payee Kevin L Battle			M = M	lic Distribution/Dissemination
Mailing Address 3300 Asher Ave			Amount	22 2014
City	State	Zip Code		80.00
Little Rock	AR	72204		D : fe92b500-06b8-4ea8-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1051457.78	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent	Expenditures		. •	87.86
(b) SUBTOTAL of Unitemized Independent	ent Expenditures			
(c) TOTAL Independent Expenditures			>	47. 1 45. 1
Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party committee	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10 24	2014
Signature				

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	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Kevin L Battle	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 3300 Asher Ave	Amount
	City State Zip Code	30.60
	Little Rock AR 72204	Transaction ID : 3b3b73e7-0cc7-4fea-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	
		Other (specify)
	Full Name of Payee Aleksandra B Padua	Date of Public Distribution/Dissemination
	Mailing Address 110 Bridge gate Dr	10 22 2014 Amount
	City State Zip Code	57.50
	Cary NC 27519	Transaction ID: 4f74850c-600c-463f-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 22 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	88.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) (' 1) 7 1 1	0 24 2014
	Signature	للنتيا ليا ك

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Schedule E)				PAGE 52 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Aleksandra B Padua			Date of Public	Distribution/Dissemination
Mailing Address 110 Bridge gate Dr			Amount	22 2014
City	State	Zip Code		11.25
Cary	NC	27519		0 : 6a5e6c03-0d4f-4026-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	, 10	051457.78	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee David Ford			M = M /	Distribution/Dissemination
Mailing Address 106 Hillside St			Amount	22 2014
City	State	Zip Code		112.50
Spindale	NC	28160		: 2566988e-be52-4a8e-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1051457.78	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	123.75
(b) SUBTOTAL of Unitemized Independent Expendent	itures		·	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 24	2014

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	ME OF COMMITTEE (In Full)	FI	EC IDENTIFICA	TION NUMBER ▼
۷۱	omen Speak Out PAC	(C0053076	6
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on	M / D = D	/ Y = Y = Y
٦	Full Name of Payee	Date of	Public Distributi	on/Dissemination
	David Ford	M 10		2014
	Mailing Address 106 Hillside St	Amount		
	City State Zip Code	Γ		58.41
	Spindale NC 28160		tion ID : 700a5	4f2-33c4-4012-b r Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M 10	M / D D	2014
	Name of Federal Candidate Support Office	Sought:	House	District:00
	Ms. Kay Hagan Oppose	President		State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	irsement F	For: Primer (specify) ▶	ary X General
	Full Name of Davis			
	Full Name of Payee Danielle E Grindstaff	М	M / D D	on/Dissemination
	Mailing Address 147 Possum Trot Rd	Amount	0 22	2014
1	City State Zip Code			65.00
	Bakersville NC 28705	Transact Date of	ion ID : dbc697 Disbursement o	6b-2185-4907-8 or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M 10	M / D D	2014
1	Name of Federal Candidate Support Office	Sought:	House	District:00
		President	t X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014		For: Primer (specify) ► _	ary 🔀 General
	(a) SUBTOTAL of Itemized Independent Expenditures		7-1-3	123.41
	(b) SUBTOTAL of Unitemized Independent Expenditures		4	
_	(c) TOTAL Independent Expenditures		7- 1-	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date			2014
	Signature			
_				

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Schedule E)	LIVI EXI END	HONES	PAGE 54 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination 10 22 2014
Mailing Address 147 Possum Trot Rd			Amount 22 2014
City	State	Zip Code	7.20
Bakersville	NC	28705	Transaction ID : 18236b22-71ad-4fca-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 22 Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	051457.78	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Misty A Ledford			10 22 2014
Mailing Address 44 Bell St			Amount
City	State	Zip Code	50.00
Spruce Pine	NC	28777	Transaction ID: e0794134-47f9-4eeb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 22 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1051457.78	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expend	itures		. > 57.20
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
			7 7 7
(c) TOTAL Independent Expenditures			· •
	didate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 24 2014
S.g.iataro			

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	ME OF COMMITTEE (In Full)	FEC IDENTI	FICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C0053	30766
Che	ck if 24-hour report 48-hour report New report Amends report filed	on M M / D	D / Y = Y = Y
T	Full Name of Payee	Date of Public Distr	ribution/Dissemination
	Misty A Ledford		22 / 2014
	Mailing Address 44 Bell St	Amount	
-	City State Zip Code		22.80
	Spruce Pine NC 28777	Transaction ID : b0 Date of Disbursement	0f17ef5-5f3c-4e30-b
	Purpose of Expenditure Mileage Category/ Type O02	M M / D	22 / 2014
	Name of Federal Candidate Support Office	e Sought: Ho	use District: 00
	Ms. Kay Hagan Oppose		nate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut		Primary X General
ŀ	Full Name of Payee	Other (specify)	
	Barbara A Williams	M = M / D	ribution/Dissemination 22 2014
-	Mailing Address 3002 Darden Rd	Amount	2014
	Apt A		
	City State Zip Code Greensboro NC 27407	Transaction ID : 2df	
-	Purpose of Expenditure	Date of Disburseme	
	Salary Category/ Type 001		22 2014
	Name of Federal Candidate Support Offic	e Sought: Ho	ouse District: 00
		President Se	
	Calendar Year-To-Date Per Election for Office Sought Disb 2014		Primary General
(8	a) SUBTOTAL of Itemized Independent Expenditures		72.80
(I	b) SUBTOTAL of Unitemized Independent Expenditures	7	4
((c) TOTAL Independent Expenditures	7	7
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not m vith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe arty committee) any political party committee or its agent.		
		0 24 /	2014
_	Signature		

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Schedule E)	LIVI EXI END	TTOTILO		PAGE 56 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Dylan J Sparks			10	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 East Market Ave			Amount	
City	State	Zip Code		100.00
Searcy	AR	72149		D: 3052dc53-b4db-47f9-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	190712.88	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Dylan J Sparks			10	22 / 2014
Mailing Address 915 East Market Ave			Amount	
City	State	Zip Code		79.80
Searcy	AR	72149		: d2abbc5d-7317-4579-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		190712.88	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures			179.80
			7	7 -
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 24	2014

	Tieddic Ly					FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)				FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC				С	C00530766	
Che	eck if 24-hour report 48-hour report New report	ort Am	nends repo	rt filed on	M = M	/ D = D /	Y Y Y Y Y
٦	Full Name of Payee			D	ate of Pub	olic Distribution	/Dissemination
	Christine R McDonald				10	22	2014
	Mailing Address 3751 N Jeanette Ave			A	mount		
-	City State	Zip Code		- $ $ $ $ $ $			59.00
	Wichita KS	67204				n ID: 20707ccs bursement or 0	9-d3e9-44cd-b
	Purpose of Expenditure Salary	Category/ Type	001		10 M	/ 22 /	2014
ı	Name of Federal Candidate		Support	Office So	ought:	House	District:00
	Mr. Greg Orman		Oppose		esident	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought	76313.90		Disburse	ement For:	,	General
-	Full Name of Payee					specify) ► olic Distribution	/Dissemination
	Christine R McDonald				M M M 10	/ D D /	2014
	Mailing Address 3751 N Jeanette Ave			А	mount		
-	City State	Zip Code		- $ $ [13.80
	Wichita KS	67204				ID: 2b170f74- bursement or 0	
	Purpose of Expenditure Mileage	Category/ Type	002		10	/ 22 /	2014
-	Name of Federal Candidate		Support	Office S	ought:	House	District: 00
	Mr. Greg Orman		Oppose		-	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought	76313.90	0	Disburse 2014	ement For: Other (Primary specify) ▶	/ X General
((a) SUBTOTAL of Itemized Independent Expenditures			• [7	72.80
((b) SUBTOTAL of Unitemized Independent Expenditures			• [
((c) TOTAL Independent Expenditures			• [7	
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.						
	Ms. Emily Buchanan [Electroni	ically Filed]	Date	M M M	/ 24		Y Y Y
_	Signature	_			نتا ہ		
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Schedule E)	LXI LIID	HONLO		PAGE 58 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee Laura U Logie				of Public Distribution/Dissemination
Mailing Address 2565 Shire Circle			Amou	10 22 2014 nt
City	State	Zip Code		55.00
Harrisonburg	VA	22801		action ID : 2a2da5fd-f13b-4e13-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	N	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Greg Orman		Oppose	Preside	ent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		76313.90	Disbursemen 2014 O	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Debra Lindsey				10 22 2014
Mailing Address 119 Goldenwood Dr			Amou	
0.11	01-1-	7's Oads		45.00
City Slidell	State LA	Zip Code 70461		15.00 action ID : f629bf28-5e5c-4b23-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 22 / 2014
Name of Federal Candidate		Support	Office Sough	it: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	203914.85	Disbursemer 2014 C	ther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	s		•	70.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		·· •	7 7 7
(c) TOTAL Independent Expenditures				7 1 7 1 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10 /	24 2014
Signature				

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	ME OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	С	C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M	/ D = D / Y = Y = Y
\neg	Full Name of Payee	Date of Pu	blic Distribution/Dissemination
	Debra Lindsey	10	/ D D / Y Y Y Y Y Y Y 22 2014
	Mailing Address 119 Goldenwood Dr	Amount	
	City State Zip Code		2.40
	Slidell LA 70461		on ID : efcf129d-88ca-4bbf-a sbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10	
	Name of Federal Candidate Support Office	Sought:	House District:00
	Ms. Mary L Landrieu Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 203914.85 Disbut 2014		, ,
			(specify) ►
	Full Name of Payee Mary Catherine Toburen	M = M	ublic Distribution/Dissemination
	Mailing Address 1222 SE 44 St	10 Amount	22 2014
	City State Zip Code		50.00
	Topeka KS 66609	Transaction Date of Dis	n ID: 6b8481bd-eeb7-433a-8 sbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 ^M	22 / 2014
	Name of Federal Candidate Support Office	e Sought:	House District: 00
	W 0 0	President	
			r: Primary
((a) SUBTOTAL of Itemized Independent Expenditures		52.40
((b) SUBTOTAL of Unitemized Independent Expenditures		7
((c) TOTAL Independent Expenditures		7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 1	M / D 24	4 2014
_	Signature		

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OF

Sc	chedule E)	-11	1101120		PAGE 60 OF 151 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report 48-hour report Ne	w rep	port Amends report	rt filed on	M = M / D = D / Y = Y = Y
T	Full Name of Payee Mary Catherine Toburen			D	Date of Public Distribution/Dissemination
-	Mailing Address 1222 SE 44 St			Α	10 22 2014 Amount
-	City State		Zip Code	— г	3.00
	Topeka KS		66609		Fransaction ID: 09bfba0f-1d7a-4311-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Greg Orman		X Oppose		resident Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		76313.90	Disburse 2014	ement For: Primary X General Other (specify) ▶
	Full Name of Payee Bailey R Blair				Date of Public Distribution/Dissemination
-	Mailing Address 402A N 10th St				10 22 2014 Amount
ŀ	City State		Zip Code		20.00
	Manhattan KS		66502	Tr	ransaction ID : bf7fc523-d05f-477b-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 22 / 2014
I	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Greg Orman		X Oppose		resident X Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		76313.90	Disburse 2014	ement For:
((a) SUBTOTAL of Itemized Independent Expenditures			. •	23.00
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures			•	
٧	Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.				
		lectron	nically Filed] Date	M M M	24 2014
	Signature				

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Bailey R Blair	10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 402A N 10th St	nount
City State Zip Code	1.50
Manhattan KS 66502 Tra	Insaction ID : a039399c-617c-4a5f-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Greg Orman Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary
	te of Public Distribution/Dissemination
Caelan J Blair	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 510 Haymaker Hall	nount
City State Zip Code	20.00
Manhattan KS 66506 Tran	nsaction ID: 79ec02f8-c9d1-4b59-b te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 22 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr. Greg Orman Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	21.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 1 7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y 2014
Signature	

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OF

Sched	lule E)	1 EX =::-	1101120		PAGE 62 OF FOR SE OF FORM 24	151 I/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMB	
Wom	nen Speak Out PAC				C C00530766	
Check if	f X 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ D D / Y Y Y	Y Y
	Name of Payee aelan J Blair				of Public Distribution/Dissemina	
	ling Address 510 Haymaker Hall			L'	10 22 2014	
				Amou	unt	
City Ma	nhattan	State KS	Zip Code 66506	Trans	saction ID : 45eced1c-cf8b-418	1.50 8-9
Pur	pose of Expenditure eage		Category/ 002		of Disbursement or Obligation	
	ne of Federal Candidate		Туре			00
	Greg Orman		Support Oppose	Office Sough		KS
	Calendar Year-To-Date Per Election for Office Sought	, ,	76313.90	Disbursemer 2014	nt For: Primary X Go	eneral
	Name of Payee ittany Jones			Date	of Public Distribution/Dissemina	Υ Ψ Υ
Mai	ling Address 338 Wayne Drive			Amou	10 22 2014 unt	1
City	,	State	Zip Code		5.	.00
	reveport	LA	71105	Transa Date	action ID: 79cfe440-415e-48c4 of Disbursement or Obligation	-8
	pose of Expenditure lary		Category/ Type 001	$\exists \mid \Box$	10 22 2014	
	ne of Federal Candidate		Support	Office Sough	ht: House District:	00
Ms	. Mary L Landrieu		X Oppose	Presid		LA
	Calendar Year-To-Date Per Election for Office Sought	<u></u>	203914.85	Disbursemen 2014	nt For:	eneral
(a) S	SUBTOTAL of Itemized Independent Expenditure:	S		}	6.50	0
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ures		.		
(c) T	OTAL Independent Expenditures				7 7 7	
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	24 2014	
Si	ignature					

Schedule E)	IN EXILIND	TTOTILO	⊢	PAGE 63 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Kenny Wallis			M = M /	Distribution/Dissemination
Mailing Address 6412 Osage Dr			10 Amount	22 2014
City	State	Zip Code		45.00
North Little rock	AR	72116		7. 7b253f03-70ab-4048-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	190712.88	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee Kenny Wallis			Date of Public	Distribution/Dissemination
Mailing Address 6412 Osage Dr			Amount	22 2014
City	State	Zip Code		6.60
North Little rock	AR	72116		: edfb18b9-0365-4d19-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	190712.88	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	51.60
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	
				4 1 4 1
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 24	2014
Signataro				

Schedule E)	INI EXI END	ITORES	⊢	PAGE 64 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lilly Green			10	22 / 2014
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71119		: e118d995-c9fb-408e-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		203914.85	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lilly Green			10	22 / 2014
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		61.20
Shreveport	LA	71119		: c2afe69e-5e7b-4869-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		203914.85	Disbursement For: 2014 Other (spe	Primary ∑ General
(a) SUBTOTAL of Itemized Independent Expendent	tures			141.20
(b) CURTOTAL of Unitersized Independent Function	a diaa		7	
(b) SUBTOTAL of Unitemized Independent Expe	natures		•	4 1 4
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 24	2014
•				

Schedule E)	II EXI END	ITOTILO	<u> </u>	PAGE 65 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee Kinsey E Beck			Date of Public	Distribution/Dissemination
Mailing Address 103 Glenhaven Ct			Amount	22 2014
City	State	Zip Code		80.00
Harvest	AL	35749		9: 978876b2-5db7-417d-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, ,	190712.88	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Kinsey E Beck			M = M /	Distribution/Dissemination
Mailing Address 103 Glenhaven Ct			Amount	22 2014
City	State	Zip Code		22.20
Harvest	AL	35749		: 44df9715-bf60-43d0-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	190712.88	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditur	es		•	102.20
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	
(c) TOTAL Independent Expenditures				
(-,			7	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 24	2014
olgilatule				

Sch	nedule E)	L /(1 L /(2)	1101120				PAGE 66 OF 151 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Ched	ck if 24-hour report 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M /	D = D / Y = Y = Y
T	Full Name of Payee Patrice Wolfe					M M	c Distribution/Dissemination
1	Mailing Address 9909 Treasure Hill Rd				Amou	10 unt	22 2014
	City	State	Zip Code		-		20.00
	Little Rock	AR	72205				ID: 169fb7d8-2fde-418d-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10	22 / 2014
	Name of Federal Candidate			Support	Office Sough	ht:	House District: 00
	Mr. Mark L Pryor			Oppose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	190712.88		Disbursement 2014	nt For: Other (sp	Primary
	Full Name of Payee Patrice Wolfe					of Publi	c Distribution/Dissemination
	Mailing Address 9909 Treasure Hill Rd				Amo		
	City	State	Zip Code				7.50
	Little Rock	AR	72205				D: 576ccb0f-f1b0-4c45-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	$\Box \mid \Box$	10 ^M	22 2014
	Name of Federal Candidate			Support	Office Soug	ht:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Presid		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	190712.88	3	Disburseme 2014		Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	3					27.50
(t	b) SUBTOTAL of Unitemized Independent Expenditure	res					
(0	c) TOTAL Independent Expenditures				•		
W	Inder penalty of perjury I certify that the independentify, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	10	24	2014
	Signature						

Schedule E)	I EXI END	TOTILO		PAGE 67 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Heather N Montgomery			Date of P	ublic Distribution/Dissemination
Mailing Address 106 Wyncrest Ct			Amount	22 2014
City	State	Zip Code		80.00
Hendersonville	TN	37075		on ID : ebb1f1c5-6849-4077-8 bisbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	90712.88	Disbursement For 2014 Other	or:
Full Name of Payee			Date of F	Public Distribution/Dissemination
Chelsey Waite			10	22 / 2014
Mailing Address 3738 Woodland Ridge Blvd			Amount	
City	State	Zip Code		20.00
Baton Rouge	LA	70816		on ID : 12dcaa8e-135f-4b58-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 ^M	22 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1051457.78	Disbursement For 2014 Other	or:
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	100.00
(b) SUBTOTAL of Uniternized Independent Expendit	ures			
(b) CODITOTAL OF CHIRCHIEZED INDEPENDENT EXPONDE	0100			7 1 7 1 7
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		24 2014
-				

	meduic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jessica R Řesendiz	10 22 2014
	Mailing Address 9685 Paula St	Amount
	City State Zip Code	95.00
	Keithville LA 71047	Transaction ID : bb98734b-598e-476e-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 22 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	000014.05	ursement For: Primary X General
	Per Election for Office Sought 203914.85 2014	Other (specify) ▶
	Full Name of Payee Jessica R Resendiz	Date of Public Distribution/Dissemination
	Moiling Address	10 22 2014
	Mailing Address 9685 Paula St	Amount
	City State Zip Code	34.50
	Keithville LA 71047	Transaction ID : 463cf5c4-95bd-4e64-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 22 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 203914.85	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	129.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		10 24 2014
	Signature	

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OF

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
Christopher Marquess	10 22 / 2014
Mailing Address 110 W Pecan St Amo	punt
City State Zip Code	50.00
Ville Platte LA 70586 Tran	nsaction ID: 7d4a671c-d820-44b2-8 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 22 7 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Mary L Landrieu Presi	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 203914.85 Disburseme 2014	
	Other (specify)
Full Name of Payee Christopher Marquess	e of Public Distribution/Dissemination 10 22 2014
Mailing Address 110 W Pecan St Amo	
City State Zip Code	34.80
Ville Platte LA 70586 Trans	saction ID : c7d91eb0-b406-4300-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 22 7 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu Presi	ident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	84.80
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	24 2014
Signature	

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OF

Schedule E)				PAGE 70 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Sheri J Peace			Date of Pu	blic Distribution/Dissemination
Mailing Address 9685 Paula St			10 Amount	22 2014
City	State	Zip Code		80.00
Keithville	LA	71047		on ID : 59efc32b-a99d-4f28-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	203914.85	Disbursement For 2014 Other	: Primary X General
Full Name of Payee Heather Ainsworth			Date of Pu	blic Distribution/Dissemination
Mailing Address 9685 Paula St			Amount	22 2017
City	State	Zip Code		80.00
Keithville	LA	71047		n ID : 1be1c4b1-da58-4265-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 ^M	/ 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		203914.85	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	res		· []	160.00
(b) SUBTOTAL of Unitemized Independent Expend	itures			
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 24	
Signature				

Schedule E)	IN EXILIND	ITOTILO		PAGE 71 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Heather Ainsworth			M = M	blic Distribution/Dissemination
Mailing Address 9685 Paula St			Amount	22 2014
City	State	Zip Code		29.40
Keithville	LA	71047		on ID: 20c1ddd2-9d12-44e8-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 M	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	203914.85	Disbursement For 2014 Other	: Primary X General
Full Name of Payee Monique Guillory			Date of Pu	ablic Distribution/Dissemination
			10	22 / 2014
Mailing Address 409 LaSalle Drive			Amount	
City	State	Zip Code		75.00
Little Rock	AR	72211		n ID: b39d7a40-4038-4538-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 10	/ 22 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	77	190712.88	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			104.40
				7 7
(b) SUBTOTAL of Unitermized Independent Expendent	ditures		•	7 7 7
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 24	
- 3				

FEC IDENTIFICATION NUMBER ▼ C C00539766	ochicadic L							FOR SE OF	FORM 24/48
Check if							FEC I	DENTIFICATION	ON NUMBER ▼
Full Name of Payee Monique Guillory Mailing Address 409 LaSalie Drive City State Zip Code Little Rock AR 72211 Name of Expenditure Mileage Support Mileage Oppose of Expenditure Mileage Support Mailing Address 409 LaSalie Drive Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Purpose of Expenditure Mailing Address 4106 Martha St City State Zip Code State Zip Code State Zip Code State State: AR Calegory/ Shreveport LA 71109 Date of Public Distribution/Dissemination Transaction ID: 1ebeSabe-es5941a1-8 Date of Disbursement or Obligation Transaction ID: 1ebeSabe-es5941a1-8 Date of Disbursement For: Primary General Collegory President Senate State: AR Amount Amount City State Zip Code Shreveport LA 71109 Calegory/ Shreveport LA 71109 Calegory/ Shreveport LA 71109 Calegory/ Shreveport Date of Public Distribution/Dissemination To 22 2 2014 Amount Amount Transaction ID: 1ebeSabe-es5941a1-8 Date of Disbursement For: Primary General Collegory Date of Support To 000 Transaction ID: 1ebeSabe-es5941a1-8 Date of Public Distribution/Dissemination To 22 2 2014 Amount Amount City Date of Public Distribution/Dissemination To 22 2 2014 Amount Transaction ID: 1ebeSabe-es5941a1-8 Date of Public Distribution/Dissemination To 00 22 2 2014 Amount Transaction ID: 1ebeSabe-es5941a1-8 Date of Disbursement For: Primary General To 00 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	vvomen S	Deak Out PAC					C	C00530766	
Mailing Address 409 LaSalie Drive City State Zip Code Transaction ID : febe8abe-ee59-4141-3 Date of Debursement or Obligation Mileage Name of Federal Candidate Support Optice Sought 190712.88 Date of Public District: On President Senate State: AR Primary General Purpose of Expenditure Salary State Zip Code Transaction ID : febe8abe-ee59-4141-3 Date of Debursement or Obligation President Senate State: AR President Senate State: AR President Senate State: AR Primary General Distursement For: Primary General Date of Public Distribution/Dissemination Felicia A Jones Mailing Address 4106 Martha St City State Zip Code Thing Address 4106 Martha St City State Zip Code Thing Address At 106 Martha St Name of Federal Candidate Support Date Purpose of Expenditure Salary State Salary State Solary State State State Solary State Solary State Solary State State State Solary State Solary State Solary State State State Solary State Solary State Solary State Solary State Solary State Solary State St	Check if X 2	1-hour report 48-hour report Ne	ew repo	rt Am	nends repo	rt filed (on Man	/ D D /	Y I Y I Y
Mailing Address 409 LaSale Drive City State Zip Code AR 72211 Purpose of Expenditure Mileage Category/ Mileage District Date of Distriction ID: feboSabe-e59-41a1-8 Date of Distriction ID: feboSabe-e59-41a1-8							Date of Publ	ic Distribution/	Dissemination
City State Zip Code Little Rock AR 72211 Purpose of Expenditure Milange Address 4108 Martha St City State Zip Code Mr. Mark L Pryor		•							
Little Rock AR 72211 Transaction ID: febesabe-ee99-41a1-8 Date of Disbursement or Obligation	Mailing Add	ress 409 LaSalle Drive					Amount		
Little Rock AR 72211 Transaction ID: febesabe-ee99-41a1-8 Date of Disbursement or Obligation	City	State		Zip Code			· · · · ·		60.00
Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Felicia A Jones City Shreveport LA 71109 Name of Federal Candidate Malling Address 4106 Martha St Category/ Type Out Transaction ID: d9f59635-b06f-46ff-a Date of Disbursement or Obligation Transaction ID: d9f59635-b06f-46ff-a Date of Public Distribution/Dissemination Transaction ID: d9f59635-b06f-46ff-a Date of Public Distribut		AR		•					
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Felicia A Jones Mailing Address 4106 Martha St City Shreveport LA 71109 Name of Expenditure Salary Category/ Salary Category/ Type Office Sought: House Disbursement For: Primary General Date of Public Distribution/Dissemination Tansaction ID: d959635-b06f-46ff-a Date of Disbursement or Obligation Tansaction ID: d959635-b0ff-46ff-a Date of Disbursement o		Expenditure					M = M	/ D D /	Y Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Felicia A Jones Mailing Address 4106 Martha St City State Zip Code Shreveport LA 71109 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Disbursement For: Primary General 2014 Other (specify) Date of Public Distribution/Dissemination To.Oo Transaction ID : ddf59635-b06f-46f1-a Date of Dublic Disbursement or Obligation To.Oo Transaction ID : ddf59635-b06f-46f1-a Date of Dublic Disbursement or Obligation To.Oo Transaction ID : ddf59635-b06f-46f1-a Date of Public Distribution/Dissemination To.Oo Transaction ID : ddf59635-b06f-46f1-a Date of Public Distribution/Dissemination Transaction ID : ddf59635-b06f-46f1-a Date of Public Distribution/Dissemination Transaction ID : ddf59635-b06f-46f1-a Date of Public Distribution/Dissemination Transaction ID : ddf59635-b06f-46f1-a Date of Dublic Distribution/Dissemination Transaction ID : ddf59635-b06f-46f1-a Date of Public Distribution/Dissemination Transaction ID : ddf59635-b06f-46f1-a Date of Dublic Distribution/Dissemination Transaction ID : ddf59635-b06f-	Name of F	deral Candidate			Support	Office	Sought:	House	District: 00
Per Election for Office Sought Full Name of Payee Felicia A Jones Mailing Address 4106 Martha St City State Zip Code Shreveport LA 71109 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Uniternized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the first part of the problem of the reporting entity is not a political party committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the first public Distribution/Dissemination La of Distribution/Dissemination La of Public Distribution/Dissemination La of Public Distribution/Dissemination La of Distribution/Dissemination La of Distribution/Distribution/Distribution/Dis	Mr. Mark L	Pryor						X Senate	State: AR
Full Name of Payee Felicia A Jones Mailing Address 4106 Martha St City State Zip Code Shreveport LA 71109 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			19	90712.88					General
Mailing Address 4106 Martha St Mailing Address 4106 Martha St			,						/Dissemination
City State Zip Code Transaction ID: d9f59635-b06f-46f1-a Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Double Sought Senate State: LA Name of Federal Candidate Support Support Calendar Year-To-Date Per Election for Office Sought 203914.85 Calendar Year-To-Date Per Election for Office Sought 203914.85 (a) SUBTOTAL of Itemized Independent Expenditures 203914.85 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date 10 24 2014	Felicia /	A Jones							
Shreveport LA 71109 Transaction ID: d9f59635-b06f-46f1-a Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date President Senate Calendar Year-To-Date Per Election for Office Sought Cother (specify) Cother (specify) Under penalty of perjury certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: d9f59635-b06f-46f1-a Date of Disbursement or Obligation To Date of Disbursement or Obligation Date of Disbursement or Obligation To Date of Disbursement or Obligation Date of Disbursement or	Mailing Add	ress 4106 Martha St					Amount		
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	City	State		Zip Code					70.00
Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General 203914.85 Calendar Year-To-Date Per Election for Office Sought Cother (specify) Under (specify) Cother (specify)	Shrevepor	LA		71109		-			
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: LA		Expenditure							
Calendar Year-To-Date Per Election for Office Sought 203914.85 Disbursement For: Primary General 2014 Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures	Name of F	ederal Candidate	·		Support	Office	Sought:	House	District: 00
Per Election for Office Sought 203914.85 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures	Ms. Mary L	Landrieu		X	Oppose		President	Senate	State: LA
(b) SUBTOTAL of Unitemized Independent Expenditures			-	203914.8	35				General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(a) SUBTO	AL of Itemized Independent Expenditures				. •		1 1 7	130.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(b) SUBTO	AL of Unitemized Independent Expenditures				. •		7	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(c) TOTAL	ndependent Expenditures				•	1 1 7	1 1 7	
[Electronically Filed] Date 10 24 2014	with, or at th	e request or suggestion of, any candidate or autl							
- Duito			Electronic	cally Filed]	Date	M 10			
	Signature								

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OF

Schedule E)	INT EXI END	ITOTILO		PAGE 73 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Felicia A Jones			10	22 / 2014
Mailing Address 4106 Martha St			Amount	
City	State	Zip Code		9.60
Shreveport	LA	71109		: 9eee03bf-bc2d-48f8-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	, , ,	203914.85	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Ashley n Thompson			10	22 / 2014
Mailing Address 272 Westgate Ct Apt 6			Amount	
City	State	Zip Code		20.00
Lexington	NC	27295		: 28dfce49-572d-489e-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1051457.78	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures		.	29.60
			7	7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	4
(c) TOTAL Independent Expenditures			•	1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 24	2014
				· ·

Schedule E)	DEI ERDERT EM E.T.			PAGE 74 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48	-hour report New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Ashley n Thompson			Date of Public	c Distribution/Dissemination
Mailing Address 272 Westgate Ct	Apt 6		10 Amount	22 2014
014	01-1-	7'- O-d-		40.00
City Lexington	State NC	Zip Code 27295		12.00 ID: f70c27ab-7504-4b4c-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sough	10	051457.78	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Randy G Lookabill Mailing Address 200 Carawood			Date of Publi	c Distribution/Dissemination
Mailing Address 200 Carawood	Lane		Amount	
City	State	Zip Code		50.00
Lexington Purpose of Expenditure	NC	27295	Transaction II Date of Disbu	D: b12325a7-f6ee-4c59-9 ursement or Obligation
Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sough	t	1051457.78	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Indepe	ndent Expenditures			62.00
,,	·			
(b) SUBTOTAL of Unitemized Inde	pendent Expenditures		. ▶	
(c) TOTAL Independent Expenditure	es		>	
Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party	n of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 24	2014
Signature				

Schedule E)		PAGE 75 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report fi	iled on Man / Dad / Yayayay
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination
Mailing Address 200 Carawood Lane		10 22 2014 Amount
City	7:- Oada	20.40
City State Lexington NC	Zip Code 27295	20.40 Transaction ID: fc5ce1ae-289a-4144-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 22 7 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Kay Hagan	∑ Oppose [President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary X General 114 Other (specify) ▶
Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination
Mailing Address 407 randall Dr		10 22 2014 Amount
City State	Zip Code	80.00
Searcy AR	72143	Transaction ID : 3a41465f-61ce-482b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 22 / Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		100.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or an party committee) any political party committee or its agent.		
Ms. Emily Buchanan Signature	[Electronically Filed] Date	10 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)		101.20		PAGE 76 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour rep	port New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Xavier Miller				blic Distribution/Dissemination
Mailing Address 407 randall Dr			10 ^M	22 / 2014
			Amount	
City		Zip Code		33.60
Searcy	AR	72143		on ID: 0e2061b0-4a71-4b39-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 N	22 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	90712.88	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Gary W Fuhrmann			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9425 Jessica Drive			Amount	
City Shreveport	State LA	Zip Code 71106	Transaction	32.50 n ID : ec0785a8-4fff-48b4-a
		71100	Date of Di	sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		203914.85	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures		· •	66.10
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	7
(c) TOTAL Independent Expenditures			>	7 1 7 1 7 1
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron:	ically Filed] Date	10 2	
Signature				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
_	0 000350700
Check if 24-hour report 48-hour report New report Amends report	ort filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Gary W Fuhrmann	10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9425 Jessica Drive	Amount
City State Zip Code	6.00
Shreveport LA 71106	Transaction ID : e6e8dc03-3a14-436f-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought 203914.85	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Sarah Bassil	10 22 Y Y Y Y Y
Mailing Address 7650 Fallswood Way	Amount
City State Zip Code	30.00
Lorton VA 22079	Transaction ID: 01f30336-694b-4666-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 22 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 76313.90	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(5) 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	··· >
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	·
Ms. Emily Buchanan [Electronically Filed] Date	e 10 24 2014
Signature	

Schedule E)	I LAPLIND	ITONES		PAGE 78 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Stuart T Haley			Date of Pub	lic Distribution/Dissemination
Mailing Address 600 W Vine Ave			10 Amount	22 2014
			Amount	
City	State	Zip Code		80.00
Searcy	AR	72143		ID: e9732f84-c2ce-41b8-8 pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	22 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, 1	90712.88	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee				lic Distribution/Dissemination
Stuart T Haley			M M 10	/ D D / Y Y Y Y Y Y Y 2014
Mailing Address 600 W Vine Ave			Amount	
City	State	Zip Code		36.00
Searcy	AR	72143		ID : 77168129-a95b-42f8-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	190712.88	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	S			116.00
, ,				7
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		• •	
(c) TOTAL Independent Expenditures)	20 1 20
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidar party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 24	2014
Signature				

Schedule E)	INI EXPEND	HOILS	<u> </u>	PAGE 79 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC				000530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Reaghan Waites			Date of Public	Distribution/Dissemination
Mailing Address 9805 St Stephens Ct			10 Amount	22 2014
City	State	Zip Code		15.00
Raleigh	NC	27615		0 : ff84e9ea-88e6-4541-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	11	051457.78	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Reaghan Waites			10	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9805 St Stephens Ct			Amount	
City	State	Zip Code		1.50
Raleigh	NC	27615		: 9ad6b30a-824c-4ca0-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1051457.78	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendit	tures)	16.50
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 24	2014
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Schedule E)	INT EXI END	TTOTILO		PAGE 80 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Claire A Smith				Distribution/Dissemination
Mailing Address 6610 Walcott Rd			10	22 / 2014
Walcoll Ru			Amount	
City	State	Zip Code		55.00
Paragoud	AR	72450		D: 8c8b7963-50cb-4652-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		190712.88	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee			Date of Public	c Distribution/Dissemination
Claire A Smith			10	22 2014
Mailing Address 6610 Walcott Rd			Amount	
City	State	Zip Code		12.00
Paragoud	AR	72450		D: 280a7185-c0e7-4098-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	190712.88	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			67.00
			7	7 7 7
(b) SUBTOTAL of Unitermized Independent Expen	ditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 24	2014
- 3				

Schedule E)	ENT EXILID	ITOTILO		PAGE 81 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee Tammay Williams			Date of Public	Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amount	2014
City	State	Zip Code		70.00
New Orleans	LA	70116		D: 6393f286-54bc-4edd-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	2	203914.85	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Tammay Williams			10	22 / 2014
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		13.50
New Orleans	LA	70116		: 077a1c97-6fa8-46d3-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		203914.85	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	litures			83.50
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
				45
(c) TOTAL Independent Expenditures			•	42
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 24	2014
-				

Schedule	E)		1101120		PAGE 82 OF 151 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if X	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Nam Antho	e of Payee ony Pearson			M	f Public Distribution/Dissemination
Mailing A	address 112 apache Dr			Amoun	10 22 2014 t
City		State	Zip Code		55.00
Search		AR	72149		action ID : 275b0357-eaf0-4991-8 f Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	М	10 22 / 2014
Name of	Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark	k L Pryor		X Oppose	Preside	nt Senate State: AR
	endar Year-To-Date Election for Office Sought	, , , 1	190712.88	Disbursement 2014 Ot	For: Primary ⊠ General her (specify) ►
Antho	ne of Payee ny Pearson			M	f Public Distribution/Dissemination
Mailing A	Address 112 apache Dr			Amour	nt
City		State	Zip Code		12.00
Search	of Francisco	AR	72149	Transac Date o	ction ID: 023f4211-3a7b-4775-8 if Disbursement or Obligation
Mileage	of Expenditure		Category/ Type 002		10 22 / 2014
	Federal Candidate		Support	Office Sought	: District: 00
Mr. Mark	c L Pryor		X Oppose	Preside	nt Senate State: AR
	endar Year-To-Date Election for Office Sought	7 7	190712.88	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBT	OTAL of Itemized Independent Expenditur	es		· [67.00
(b) SUBT	OTAL of Unitemized Independent Expend	itures		· •	
(c) TOTA	L Independent Expenditures			•	
with, or at	nalty of perjury I certify that the independ the request or suggestion of, any candid mittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	10 /	24 2014
Signatu	ure				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
T	Full Name of Payee Timothy Foley	Date of Public Distribution/Dissemination
	•	10 / 22 / 2014
	Mailing Address 20679 Glenbrook Terrace	Amount
-	City State Zip Code	15.00
	Sterling VA 20165	Transaction ID : 49f5fcf4-8008-4c1a-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 22 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary General Other (specify) ▶
Γ	Full Name of Payee Antoinette Franklin	Date of Public Distribution/Dissemination
	Mailing Address 8822 Apple St	Amount
ŀ	City State Zip Code	70.00
	New Orleans LA 70188	Transaction ID : eea426ee-5ce3-4903-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 22 7 2014
Г	Name of Federal Candidate Support Office	Sought: House District:00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 203914.85	rsement For: Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures	85.00
(t	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	c) TOTAL Independent Expenditures	1 4 1 4 1 6
W	nder penalty of perjury I certify that the independent expenditures reported herein were not maith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

Scl	hedule E)	L /(1 L /(2)	101120		PAGE 84 OF 151 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M
Т	Full Name of Payee Antoinette Franklin			Date of	of Public Distribution/Dissemination
-	Mailing Address 8822 Apple St			M	10 22 7 2014
Ĭ	Walling Address 8822 Apple St			Amou	nt
ı	City	State	Zip Code		13.50
	New Orleans	LA	70188		caction ID : 21bfbc70-4a3c-4f08-b of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 22 2014
T	Name of Federal Candidate		Support	Office Sough	it: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	2	203914.85	Disbursemen 2014 O	ther (specify) ►
ſ	Full Name of Payee Jerome M Weil				of Public Distribution/Dissemination
				M	10 22 2014
Ĭ	Mailing Address 101 Durham Drive			Amou	ınt
-	City	State	Zip Code		30.00
	Lafayette	LA	70508	Transa Date	action ID : 428479f6-c02e-4f0b-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 22 2014
1	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	203914.85	Disbursemen 2014 O	nt For: Primary X General Other (specify) ▶
(;	a) SUBTOTAL of Itemized Independent Expenditures	s			43.50
`					
(I	b) SUBTOTAL of Unitemized Independent Expenditu	res	······	·· •	7
(0	c) TOTAL Independent Expenditures			•	17171
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	24 2014
	Signature		_		

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	neck if X 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jerome M Weil	10 22 2014
	Mailing Address 101 Durham Drive	Amount
	City State Zip Code	7.50
	Lafayette LA 70508	Transaction ID : f56e09c5-2246-486f-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	ce Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Dist. 203914.85	oursement For: Primary X General
	Per Liection for Office Sought	Other (specify) ▶
	Full Name of Payee Sandra H Wagner	Date of Public Distribution/Dissemination
	Mailing Address 5828 Rena Road	10 22 2014 Amount
	City State Zip Code	70.00
	Hamptonville NC 27020	Transaction ID : cf6bbb1b-5cdf-475f-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 22 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	77.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(F) 4 · 11 F) 11	10 24 2014
	Signature	
_		

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OF

Schedule E)	DENT EXTEND	TTOTILO	PAGE 86 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour repor	t New rep	oort Amends repo	rt filed on
Full Name of Payee Sandra H Wagner			Date of Public Distribution/Dissemination
Mailing Address 5828 Rena Road			10 22 2014 Amount
City	State	Zip Code	20.70
Hamptonville	NC	27020	Transaction ID : a74f5fe0-b353-45fe-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	051457.78	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Benjamin Hernandez			10 22 7 2014
Mailing Address 915 E Market Ave			Amount
City	State	Zip Code	40.00
Searcy	AR	72149	Transaction ID: 9520d894-913d-4d13-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 22 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		190712.88	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expe	nditures		60.70
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
			4 4
(c) TOTAL Independent Expenditures			>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 24 2014
Signaturo			

Schedule E)	VI EXI END	TOTILO		PAGE 87 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	/
Full Name of Payee Benjamin Hernandez			M	
Mailing Address 915 E Market Ave			10	22 2014
City	State	Zip Code		20.10
Searcy	AR	72149		ion ID : 983d1357-6fc1-424d-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	190712.88	Disbursement For 2014 Othe	or:
Full Name of Payee	_		Date of I	Public Distribution/Dissemination
Ralph Smith			M 10	
Mailing Address 2090 Fancy Gap Rd			Amount	
City	State	Zip Code		70.00
Mt. Airy	NC	27030	Transacti Date of I	on ID : c5047d81-02de-47d8-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1051457.78	Disbursement F 2014 Othe	or: Primary General or (specify) .
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	90.10
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
(-)				7 7 7
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date		24 2014
Signature				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 88 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	12.84
Mt. Airy	NC	27030	Transaction ID : d92730a7-602f-40f4-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	051457.78	Disbursement For: Primary General Qu14 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kaitlyn B Allen			10 22 2014
Mailing Address 2121 Daniel Dr			Amount
City	State	Zip Code	85.00
Searcy	AR	72143	Transaction ID : 68980407-49ec-4b57-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		190712.88	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		97.84
, , , , , , , , , , , , , , , , , , , ,			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Purpose of Expenditure Category/ Category/ Tansaction ID: 588b5fb4-187c Date of Disbursement or Obligat	y y y y y mination y y y y y y y y y y y y y y y y y y y
Women Speak Out PAC Check if 24-hour report 48-hour report New report Amends report filed on Man 48-hour report Date of Public Distribution/Disser Kaitlyn B Allen Mailing Address 2121 Daniel Dr City State Zip Code AR 72143 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Condidate	mination Y 2014 39.90 -4886-9 ion Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Check if X 24-hour report 48-hour report X New report Amends report filed on Full Name of Payee Kaitlyn B Allen Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Category/ Type 002 Name of Faderal Carefidate	39.90 -4886-9
Kaitlyn B Allen Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Category/ Type 002 Name of Foderal Candidate	39.90 -4886-9
Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Category/ Type 002 Name of Foderal Candidate	39.90 - 4886-9 ion
Searcy AR 72143 Transaction ID : 588b5fb4-187c Date of Disbursement or Obligat Purpose of Expenditure Mileage Category/ Type 002 Name of Endage Condidate	-4886-9 ion
Searcy AR 72143 Transaction ID : 588b5fb4-187c Date of Disbursement or Obligat Purpose of Expenditure Mileage Category/ Type 002 Name of Endage Condidate	-4886-9 ion
Purpose of Expenditure Mileage Category/ Type O02 10 22	YYY
Name of Federal Candidate Support Office Sought: House District	
	t: 00
Mr. Mark L Pryor	e: AR
Calendar Year-To-Date Per Election for Office Sought 190712.88 Disbursement For: 2014 Other (specify) ▶	General
Full Name of Payee Date of Public Distribution/Disse	mination
Mailing Address	2014
Mailing Address 1410 Bushville drive Amount	
City State Zip Code	80.00
Lenoir NC 28645 Transaction ID : d8cdb304-6939- Date of Disbursement or Obligate	
	2014
Name of Federal Candidate Support Office Sought: House District	et:00
Ms. Kay Hagan	e: NC
Calendar Year-To-Date Per Election for Office Sought 1051457.78 Disbursement For: □ Primary ≥ 2014 □ Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	19.90
(b) SUBTOTAL of Unitemized Independent Expenditures	400
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, of with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 24 2014 Signature	

Schedule E)		1101.20		PAGE 90 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Joshua D Syrotchen	<u> </u>		M = M	blic Distribution/Dissemination
Mailing Address 915 East Market Ave			10 Amount	22 2014
City	State	Zip Code		70.00
Searcy	AR	72149		n ID : d12bcb9b-c258-4ce9-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		190712.88	Disbursement For 2014 Other	: Primary X General (specify) ▶
Full Name of Payee Joshua D Syrotchen Mailing Address 915 East Market Ave			Date of Pu	blic Distribution/Dissemination
City	State	Zip Code		56.70
Searcy	AR	72149	Transaction Date of Dis	n ID: 4726b20e-a4c3-431b-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	190712.88	Disbursement For 2014 Other	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		·	126.70
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cancer party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	10 24	
Signature				

Schedule	E)	1 L/11 L.1.2.			PAGE FOR S	91 OF 151 SE OF FORM 24/48
	COMMITTEE (In Full)					ICATION NUMBER ▼
Women	Speak Out PAC				C C00530	
Check if 2	24-hour report 48-hour report	New repo	ort Amends rep	port filed on	M = M / D =	D / Y = Y = Y
	me of Payee d Ellis			Date	of Public Distrik	oution/Dissemination
Mailing	Address P.O. Box 712			Amo	10 22	
City		Ctoto	7:- Codo			90.00
City Alexan	der	State AR	Zip Code 72002		saction ID : 86f	80.00 64bb4-5792-4bd4-9 at or Obligation
Purpose Salary	e of Expenditure		Category/ Type 00	-	M M / D 22	D / Y Y Y Y
Name o	of Federal Candidate		Support	Office Soug	ıht: Hou	se District: 00
Mr. Ma	rk L Pryor		X Oppose	Presi		ate State: AR
	llendar Year-To-Date r Election for Office Sought	1	190712.88	Disburseme 2014	ent For: Pi Other (specify) ▶	rimary X General
	me of Payee I Ellis			Date	M M / D	
Mailing	Address P.O. Box 712			Amo	10 22 punt	2 2014
City		State	Zip Code			44.40
Alexan		AR	72002		saction ID: 0817 of Disbursemen	70195-7bb2-4a03-a nt or Obligation
Purpose Mileag	e of Expenditure e		Category/ Type 002	2	10 / 22	
1	of Federal Candidate		Support	Office Soug	ght: Hou	se District: 00
Mr. Ma	rk L Pryor		X Oppose	Presi	dent X Sen	ate State: AR
	alendar Year-To-Date er Election for Office Sought	7 7	190712.88	Disburseme 2014	ent For: P	rimary X General
(a) SUB	TOTAL of Itemized Independent Expenditure	es		. [7	124.40
(b) SUB	TOTAL of Unitemized Independent Expendit	tures				47
(c) TOTA	AL Independent Expenditures			···· 	7	4
with, or a	enalty of perjury I certify that the independent the request or suggestion of, any candida mmittee) any political party committee or its	ate or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed] Da	ate 10	24 Y	2014
Signa	ture					

Sch	nedule E)	W 111111111111111111111111111111111111					PAGE 92 OF 151 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
	ck if X 24-hour report 48-hour report	New repo	ort An	mends repo	ort filed on	M = M	/ D = D / Y = Y = Y
Ţ	Full Name of Payee Francesca Blom				Dat	M = M	c Distribution/Dissemination
	Mailing Address 101 Asbury Ct				Am	10 ount	22 2014
	City Stat	 te	Zip Code		- $ $ $ $ $ $		90.00
	Winchester		22602				ID : f85acb4b-b2fc-4303-9 ursement or Obligation
	Purpose of Expenditure Salary	_	Category/ Type			10	22 / 2014
T	Name of Federal Candidate			Support	Office Sou	ıaht:	House District: 00
	Mr. Greg Orman			Oppose			Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		76313.90		Disbursem 2014	nent For: Other (sp	Primary
	Full Name of Payee Cecilla A Rebrick				Da	M = M	ic Distribution/Dissemination
-	Mailing Address 5003 Allison Lane				Am	10 nount	22 2014
\vdash	City Stat	ite	Zip Code		$-+$ Γ		60.00
	Ft. Smith AF	₹	72901				D: 7c0dea40-4057-4bf1-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			10	22 2014
	Name of Federal Candidate			Support	Office Sou	ught:	House District: 00
	Mr. Mark L Pryor		X	Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		190712.8	38	Disbursem 2014	nent For: Other (sp	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures						150.00
(k	b) SUBTOTAL of Unitemized Independent Expenditures				. .		
(0	c) TOTAL Independent Expenditures				· •		
W	Inder penalty of perjury I certify that the independent expirith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	e 10	/ 24	2014
	Signature						

			FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC		C C00530766
Chec	ck if X 24-hour report 48-hour report New report Amends in	report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee		Date of Public Distribution/Dissemination
	Cecilla A Rebrick		10 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 5003 Allison Lane		Amount
	City State Zip Code		1.50
- 1	Ft. Smith AR 72901		Transaction ID: 38c1489a-cc59-4e7b-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type	002	10 22 2014
ī	Name of Federal Candidate Suppor	rt Office	Sought: House District:00
	Mr. Mark L Pryor Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought 190712.88	Disbu 2014	rsement For: Primary
H	Full Name of Payee		Date of Public Distribution/Dissemination
	Sue G Walker		10 22 2014
	Mailing Address 3 Girard		Amount
	City State Zip Code		120.00
	Fort Smith AR 72901		Transaction ID : ebe0ab15-acb9-4c20-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 0	001	10 22 / 2014
h	Name of Federal Candidate Suppor	ort Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	se	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought 190712.88	Disbu 2014	rsement For:
(a	a) SUBTOTAL of Itemized Independent Expenditures	······ >	121.50
(b	o) SUBTOTAL of Unitemized Independent Expenditures	······ >	7
(c	e) TOTAL Independent Expenditures	······ >	
wi	nder penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or age arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed]	Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

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OF

Schedule E)	I EXI END	TONEO		PAGE 94 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee John P Hilkert			Date of P	ublic Distribution/Dissemination
Mailing Address 7 Bards Lane			10 Amount	22 2014
City Fletcher	State NC	Zip Code 28732		100.00 on ID : 030a8a50-7955-44fc-8
Purpose of Expenditure Salary		Category/ Type 001	Date of D	bisbursement or Obligation / DDD / YDD / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	51457.78	Disbursement For 2014 Other	or: Primary X General · (specify) ▶
Full Name of Payee John P Hilkert			M	
Mailing Address 7 Bards Lane			Amount	22 2014
City	State	Zip Code		18.30
Fletcher	NC	28732		on ID: 893e5a03-c291-42ab-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1051457.78	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	118.30
(b) SUBTOTAL of Unitemized Independent Expendit	tures		•	
(c) TOTAL Independent Expenditures				
				7
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		24 2014
Signature				

ooneduic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	te of Public Distribution/Dissemination
Jacob W Joosten	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1906 S Pine Apt B	nount
City State Zip Code	35.00
	ansaction ID : 2e66f536-2c97-4f57-9 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 22 7 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Greg Orman Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
Full Name of Payee Jacob W Joosten	ate of Public Distribution/Dissemination
Mailing Address 1906 S Pine Apt B	10 22 2014 mount
City State Zip Code	20.10
Pittsburg KS 66762 Trai	nsaction ID: 2a6b9075-eff4-4370-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 22 7 2014
Name of Federal Candidate Support Office Soci	ught: House District: 00
Mr. Greg Orman Oppose Pres	esident State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	55.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y 2014
Signature	

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OF

Sch	nedule E)	L/(1 L.(12.	101120				PAGE 96 OF 151 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report 48-hour report	New repo	ort Am	lends repc	ort filed on	M = M /	/ D = D / Y = Y = Y
T	Full Name of Payee Edward N Walker					м – м	c Distribution/Dissemination
1	Mailing Address 3 Girard St				Amor	10 unt	22 2014
	City	State	Zip Code		<u> </u>		65.00
	Ft Smith	AR	72901				ID: 01e6e828-3fee-4372-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10	22 / 2014
	Name of Federal Candidate		<u></u>	Support	Office Soug	ht·	House District: 00
	Mr. Mark L Pryor			Oppose	Presid	_	X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	190712.88 Disbt 2014				nt For: Other (sp	Primary ☐ General Decify) ▶
	Full Name of Payee Edward N Walker				Date	M = M	ic Distribution/Dissemination
	Mailing Address 3 Girard St				Amo	10 unt	22 2014
	City	State	Zip Code		$ \Gamma$		17.10
	Ft Smith	AR	72901				D: 3a648f80-1326-4cfe-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	$\exists \mid [$	10	22 2014
	Name of Federal Candidate			Support	Office Soug	ht:	House District: 00
-	Mr. Mark L Pryor			Oppose	Presid	•	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		190712.88	8	Disburseme 2014		Primary X General pecify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures.				•	-	82.10
(b	b) SUBTOTAL of Unitemized Independent Expenditure	'es			· •		
(c	c) TOTAL Independent Expenditures				· ·		
Wi	Inder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 10	24	2014
	Signature						

ScI	hedule E)		1101120		PAGE 97 OF 151 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	_			FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report 48-hour report New	w rep	port Amends repo	rt filed or	M = M / D = D / Y = Y = Y
T	Full Name of Payee Deborah J Nunn			С	Date of Public Distribution/Dissemination
-	Mailing Address 910 E Elm St			Δ	10 22 2014 Amount
	City State Salina KS		Zip Code 67401		10.00 Transaction ID: 01dc97c8-25cc-4406-b
	Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 22 2014
1	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Greg Orman		X Oppose		resident Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		76313.90	Disburse 2014	ement For:
	Full Name of Payee Deborah J Nunn				Date of Public Distribution/Dissemination
	Mailing Address 910 E Elm St			A	Amount
ŀ	City State		Zip Code		1.20
	Salina KS		67401	Tr	ransaction ID : 9ba36412-4d26-4ac3-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 / 22 / 2014
Γ	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Greg Orman		Oppose	Р	resident Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		76313.90	Disburse 2014	ement For:
(a	(a) SUBTOTAL of Itemized Independent Expenditures			•	11.20
(1	(b) SUBTOTAL of Unitemized Independent Expenditures				
(0	(c) TOTAL Independent Expenditures			•	
W	Under penalty of perjury I certify that the independent expendivith, or at the request or suggestion of, any candidate or authorizing committee) any political party committee or its agent.				
		ectron	nically Filed] Date	10	24 2014
	Signature				

Schedule E)	II EXI END	ITOTILO		PAGE 98 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Sue G Walker				of Public Distribution/Dissemination
Mailing Address 3 Girard			L	10 22 2014
			Amour	
City	State	Zip Code		120.00
Fort Smith	AR	72901		action ID: a6a08469-5c70-4647-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 22 2014
Name of Federal Candidate		Support	Office Sough	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	90712.88	Disbursement 2014 Of	t For: Primary
Full Name of Payee	_		Date of	of Public Distribution/Dissemination
Sue G Walker			М	10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3 Girard			Amou	nt
City	State	Zip Code		70.50
Fort Smith	AR	72901		ction ID: 889cde2b-0adf-4c54-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	10 22 / Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	190712.88	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	es			190.50
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	7 7
(c) TOTAL Independent Expenditures			•	4 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	24 2014
olyllatule				

Schedule E)	LIVI EXI END	ITORES	<u> </u>	PAGE 99 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Colton R Overcash			M = M /	Distribution/Dissemination
Mailing Address 121 Ohara Dr			10 Amount	22 2014
Cit.	Chaha	7in Code		70.00
City Salisbury	State NC	Zip Code 28147		70.00 : a34dcee6-58a4-4a81-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	10	051457.78	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Colton R Overcash			10	22 / 2014
Mailing Address 121 Ohara Dr			Amount	
City	State	Zip Code		120.30
Salisbury	NC	28147		: a565af9b-df9b-46cb-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1051457.78	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures			190.30
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
				4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 24	2014
5.g.iataro				

							FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In						FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak Out	I PAC					С	C00530766	
Check if 24-hour report	48-hour report	X New repo	rt Am	ends repo	rt filed on	M = M	/ D = D /	Y = Y = Y
Full Name of Payee					Dat	e of Pub	olic Distribution	/Dissemination
Francis Richards						10 ^M	/ D D /	2014
Mailing Address 220 Do	oucet Rd				Am	ount		
City	Si	tate 2	Zip Code					35.00
Lafayette		LA	70503				n ID: bb109e22 bursement or 0	2-d9d4-4bce-9 Obligation
Purpose of Expenditure Salary			Category/ Type	001		10	22	2014
Name of Federal Candid	date	ı		Support	Office Sou	ght:	House	District: 00
Ms. Mary L Landrieu				Oppose		ident	X Senate	State: LA
Calendar Year-To-D Per Election for Off		20	3914.85		Disbursem 2014		Primary specify) ▶	S General
Full Name of Payee Francis Richardso	on				Dat	e of Pub	olic Distribution	/Dissemination
Mailing Address 220	Doucet Rd				Am	ount	22	2014
City	S	itate	Zip Code		— F			1.41
Lafayette		LA	70503				ID: eb6a2392 bursement or 0	
Purpose of Expenditure Mileage			Category/ Type	002		10	22	2014
Name of Federal Candid	date			Support	Office Sou	ight:	House	District: 00
Ms. Mary L Landrieu			X	Oppose	Pres	sident	X Senate	State: LA
Calendar Year-To-D Per Election for Off			203914.8	5	Disbursem 2014		Primary	General
(a) SUBTOTAL of Itemize	ed Independent Expenditures				•			36.41
(b) SUBTOTAL of Uniten	nized Independent Expenditures	s			•		7 7	
(c) TOTAL Independent	Expenditures				•		7	
with, or at the request or	I certify that the independent of suggestion of, any candidate of tical party committee or its age	or authorized						
Ms. Emily Bu	chanan	[Electronic	cally Filed]	Date	10	/ 24	. 201	
Signature								

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OF

		FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C C00530766
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	ull Name of Payee	Date of Public Distribution/Dissemination
	Phillip Williams	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 3007 Darden Rd	Amount
C	Sity State Zip Code	80.00
-	Greensboro NC 27407	Transaction ID : 41af6871-7a46-42ac-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 22 / 2014
Ν	lame of Federal Candidate Support Office	Sought: House District: 00
N	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary
┝	Full Name of Payee	Date of Public Distribution/Dissemination
	Phillip Williams	10 22 2014
N	Mailing Address 3007 Darden Rd	Amount
	City State Zip Code	15.90
1	Greensboro NC 27407	Transaction ID: e94e92aa-c5ef-4eec-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 22 2014
١	Name of Federal Candidate Support Office	e Sought: House District:00
1	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary X General Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	95.90
(b)	SUBTOTAL of Unitemized Independent Expenditures	
(c)	TOTAL Independent Expenditures	
wit	der penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either ty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 24 2014
	Signature	

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OF

		FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVOI	men Speak Out PAC	C C00530766
Check	if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
	III Name of Payee	Date of Public Distribution/Dissemination
	Beverly Williams	10 22 2014
Ma	ailing Address 3007 Darden Rd	Amount
Ci	ty State Zip Code	80.00
	Greensboro NC 27407	Transaction ID: 6f096221-9d07-4679-a Date of Disbursement or Obligation
	urpose of Expenditure Category/ Type 001	10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate Support Office	Sought: House District: 00
М	ls. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
_	alling Address 8026 S Wilwood Dr Apt 101	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	7.0.4	10.00
Ci	State Zip Code Oak Creek WI 53154	42.20 Transaction ID : 63b9fc22-34f7-4f39-b
	urpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation M 10
N	ame of Federal Candidate Support Office	Sought: House District: 00
M	Ir. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	122.20
(b)	SUBTOTAL of Unitemized Independent Expenditures	11711711
(c)	TOTAL Independent Expenditures	
with	der penalty of perjury I certify that the independent expenditures reported herein were not man, or at the request or suggestion of, any candidate or authorized committee or agent of either ty committee) any political party committee or its agent.	
_	Ms. Emily Buchanan [Electronically Filed] Date 1	0 24 2014
	Signature	

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OF

Schedule E)	I LAFLIND	ITUNES		PAGE 103 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Michael Vidrine			M = M /	Distribution/Dissemination
Mailing Address 1103 West Wilson Street			Amount	22 2014
City	Ctoto	Zin Codo		60.00
City Ville Platte	State LA	Zip Code 70586		
Purpose of Expenditure Salary		Category/ Type 001	Date of Bisbu	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	203914.85	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
Michael Vidrine			10	22 2014
Mailing Address 1103 West Wilson Street			Amount	
City	State	Zip Code		20.10
Ville Platte	LA	70586		D: ed15cb9a-139c-4bef-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	203914.85	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	98			80.10
(b) CURTOTAL of Uniterpired Independent Evenedic				
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 24	2014
Signature				

Sche	edule E)	1 = 11 = 11 = 1	1101120		PAGE 104 OF 151 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Fu	III Name of Payee ERIC TABARY				of Public Distribution/Dissemination
Ma	ailing Address 6101 NORA ST			Amou	10 22 2014 nt
Cit	itu	State	Zip Code		20.00
- 1	METAIRIE	LA	70003		action ID: 80b82b9c-a675-4e33-a of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
М	ls. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	203914.85	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶
N	Meagan N Rogerson Address 3657 S Rail Road St				of Public Distribution/Dissemination
				Alliou	
Ci F	ity Fountain	State NC	Zip Code 27829		18.00 action ID : 58ac890b-3dde-4afb-9
	urpose of Expenditure Salary		Category/ Type 001		of Disbursement or Obligation
Na	ame of Federal Candidate		Support	Office Sough	nt: House District: 00
M	ls. Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	1051457.78	Disbursemen 2014 O	nt For: Primary
(a)	SUBTOTAL of Itemized Independent Expenditure	es		>	38.00
(b)	SUBTOTAL of Unitemized Independent Expendit	tures		· •	
(c)	TOTAL Independent Expenditures			· •	7.1.7.1.5.1
with	der penalty of perjury I certify that the independe n, or at the request or suggestion of, any candida ty committee) any political party committee or its	ate or authorized			
_	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	24 2014
,	Signature				

Schedule E)	/LI41 L/11 L112	1101120		PAGE 105 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Meagan N Rogerson				Public Distribution/Dissemination
Mailing Address 3657 S Rail Road St			10 Amount	
			Amount	
City	State	Zip Code		10.50
Fountain	NC	27829		tion ID: 28c34510-e5f3-47e4-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	051457.78	Disbursement F	or: Primary X General or (specify) ▶
Full Name of Payee	<u> </u>			Public Distribution/Dissemination
Carl Brent			M	M / D D / Y Y Y Y
Mailing Address 6718 Lake Willow Dr			10	22 2014
			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70126		on ID: bc81478b-2164-425d-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		203914.85	Disbursement F 2014 Othe	For: Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures			90.50
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	andidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		24 2014
Signature				

Schedule E)	LAFEND	ITONES	<u> </u>	PAGE 106 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Carl Brent			Date of Public	Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr			10 Amount	22 2014
			7 tilloditi	
City	State	Zip Code		12.30
New Orleans	LA	70126		: b3d10882-5fdc-4b92-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	203914.85	Disbursement For:	Primary General
5 11 11 15	,		Other (spe	
Full Name of Payee Zachary Williams			Date of Public	Distribution/Dissemination 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9419 NE Hwy 69			Amount	
City	State	Zip Code		25.00
Pittsburg	KS	66762		: 05ffe0da-de17-4adb-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	140
Calendar Year-To-Date Per Election for Office Sought	7 1 7	76313.90	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	9S			37.30
			7	7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7 1 1 20
(c) TOTAL Independent Expenditures)	4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 24	2014
Signature				

Schedule E)	I EXPEND	ITONES		PAGE 107 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ / D = D / Y = Y = Y
Full Name of Payee Zachary Williams			M	
Mailing Address 9419 NE Hwy 69			10 Amount	22 2014
C:h.	Ctoto	Zin Codo		13.80
City Pittsburg	State KS	Zip Code 66762	Transact	ion ID : 34366c52-2f2c-4aba-b
Purpose of Expenditure		1		Disbursement or Obligation
Mileage		Category/ Type 002	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	76313.90	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
Chris McCoy			M 10	
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code		105.00
High Point	NC	27260		on ID : fc8e679a-fe6d-4ee3-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	^M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1051457.78	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	S			118.80
(-,				7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 D	24 2014
Signature				

Schedule E)				PAGE 108 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Chris McCoy			M = M	ablic Distribution/Dissemination
Mailing Address 1025 Cayley Ct			Amount	22 2014
City	State	Zip Code		26.10
High Point	NC	27260		on ID: 080111ab-fedb-4cf7-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 ^M	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1(051457.78	Disbursement For 2014 Other	r:
Full Name of Payee Danielle McCoy			M = M	
Mailing Address 1025 Cayley Ct			Amount	22 2014
City	State	Zip Code		105.00
High Point	NC	27260		n ID: b628c2c3-c520-4369-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 ^M	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1051457.78	Disbursement For 2014 Other	r: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res		• [131.10
(b) SUBTOTAL of Unitemized Independent Expend	litures			
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 2	

Schedule E)	ENT EXILID	HONES	PAGE 109 OF 151 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC							
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on				
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination				
Mailing Address 1025 Cayley Ct			Amount				
City	State	Zip Code	24.60				
High Point	NC	27260	Transaction ID : 66dc0a98-edad-4a24-9 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	1	051457.78	Disbursement For: Primary General 2014 Other (specify) ▶				
Full Name of Payee			Date of Public Distribution/Dissemination				
Eleanor McCoy			10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 4902 Catawba Dr			Amount				
City	State	Zip Code	110.00				
Greensboro	NC	27407	Transaction ID : ac77094d-2826-40c6-a Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	10 22 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	.,,	1051457.78	Disbursement For: Primary General 2014 General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expendent	litures		134.60				
(b) SUBTOTAL of Unitemized Independent Expe	enditures						
			7 7				
(c) TOTAL Independent Expenditures			>				
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
S.g.iataro							

Schedule E)	JENT EXTEND	HONES	PAGE 110 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	25.20
Greensboro	NC	27407	Transaction ID : df378918-3a1c-4b80-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	051457.78	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Evelyn Lesaicherre			10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave			Amount
City	State	Zip Code	70.00
Metairie	LA	70001	Transaction ID : f43b509a-51df-4672-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 22 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	203914.85	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		95.20
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		•
(c) TOTAL Independent Expenditures			•
	indidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	NI EXPEND	JIIONES	PAGE 111 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination
Mailing Address 629 Radiance Ave			10 22 2014 Amount
C:4.	Ctoto	7in Cada	5.40
City Metairie	State LA	Zip Code 70001	Transaction ID: 1606d40e-8756-4287-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	203914.85	Disbursement For: Primary General Q014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	40.00
Shreveport	LA	71104	Transaction ID: 77263f55-83a1-4a70-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	77	203914.85	Disbursement For: Primary General General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		45.40
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan	[Electro	nically Filed] Date	10 24 2014
Signature			

Women Speak Out PAC	C IDENTIFICATION NUMBER ▼ C00530766
	C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
	ublic Distribution/Dissemination
Gregory Green	22 / 2014
Mailing Address 2506 Bolch Street Amount	
City State Zip Code	59.10
Shreveport LA 71104 Transacti	ion ID : 2f720d05-8bc6-4726-8 Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	/ / D D / Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District:00
Ms. Mary L Landrieu	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For 203914.85 Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee Date of P	Public Distribution/Dissemination
Cynthia J Christmas	
Mailing Address 1731 Frenchmen St Amount	
City State Zip Code	50.00
Date of D	on ID : f4fee56d-a9a4-4f59-8 Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu Oppose President	
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	109.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 5
(c) TOTAL Independent Expenditures	4 1 4 1 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coop with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
	24 2014
Signature	

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Ms. Tonya Boyd	10 22 2014
	Mailing Address 2357 Fancy Cap Rd	Amount
	City State Zip Code	70.00
	Mt. Airy NC 27030	Transaction ID: 07bfbae3-0bbe-43b6-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	
		Other (specify)
	Full Name of Payee Ms. Tonya Boyd	Date of Public Distribution/Dissemination
	Mailing Address 2357 Fancy Cap Rd	10 22 2014 Amount
	City State Zip Code	14.04
	Mt. Airy NC 27030	Transaction ID: b6a18dce-79bb-4703-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type O02	10 22 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	84.04
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(F) 4 · 11 F · 11	0 24 2014
	Signature	
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OF

Sc	chedule E)		101120		PAGE 114 OF 151 FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
۷۱	omen Speak Out PAC				C C00530766		
Ch	eck if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y = Y		
	Full Name of Payee			Date	te of Public Distribution/Dissemination		
	Earl Stewart				10 22 / 2014		
	Mailing Address 9455 Snow Camp Road			Amo	ount		
	City	State	Zip Code		70.00		
	Snowcamp	NC	27349		unsaction ID : dc0f61c2-0a0d-4e56-a te of Disbursement or Obligation		
	Purpose of Expenditure Salary		Category/ Type 001		10 22 7 2014		
	Name of Federal Candidate		Support	Office Sou	ight: House District: 00		
	Ms. Kay Hagan		X Oppose	Pres	President Senate State: NC		
	Calendar Year-To-Date Per Election for Office Sought	109	51457.78	Disburseme 2014	nent For:		
	Full Name of Payee Earl Stewart			Dat	te of Public Distribution/Dissemination		
	Mailing Address 9455 Snow Camp Road	ddress 9455 Snow Camp Road			10 22 2014		
	o loo ollon camp noaa			Am	nount		
	City		Zip Code		7.80		
	Snowcamp Purpose of Expenditure	NC	27349		nsaction ID: b4a5fe94-2c78-4ee0-b te of Disbursement or Obligation		
	Mileage		Category/ Type 002		10 22 / 2014		
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00		
	Ms. Kay Hagan		X Oppose	Pres	sident X Senate State: NC		
	Calendar Year-To-Date Per Election for Office Sought		1051457.78	Disbursem 2014	nent For:		
	(a) SUBTOTAL of Itemized Independent Expenditures.			. [77.80		
	(b) SUBTOTAL of Unitemized Independent Expenditure	es		· • L	4 4		
	(c) TOTAL Independent Expenditures			•			
,	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Signature		Date				
				_			

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Rebecca A Shearer	10 22 2014
	Mailing Address 6544 Arno College Grove Rd	Amount
	City State Zip Code	30.00
	College Grove TN 37046	Transaction ID : 6a9ddb70-1bba-40b2-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 22 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
	Full Manne of Davis	
	Full Name of Payee Rebecca A Shearer	Date of Public Distribution/Dissemination 10 22 2014
	Mailing Address 6544 Arno College Grove Rd	10 22 2014 Amount
	City State Zip Code	12.00
	College Grove TN 37046	Transaction ID : b3e1b74b-6420-4c3b-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / 22 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary ⊠ General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	42.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	0 24 2014
	Signature	

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NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
Shelbi L Randall		10 22 2014
Mailing Address 202 East Park Ave Apt 40	А	mount
City	State Zip Code	37.50
Searcy	AR 72143 Ti	ransaction ID: 095fe0e7-6a48-46d1-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 22 Y 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	Oppose Pro	esident State: AR State:
Calendar Year-To-Date Per Election for Office Sought	190712.88 Disburse 2014	ement For:
Full Name of Payee Parker H Morrow Mailing Address 506 N Horton Street		Date of Public Distribution/Dissemination
On an and one in motion offeet	A	mount
City	State Zip Code	30.00
Searcy		ansaction ID: 23692d94-4290-4c00-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 22 / Y Y Y Y 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Mr. Mark L Pryor	Oppose Pr	resident State: AR State:
Calendar Year-To-Date Per Election for Office Sought	190712.88 Disburse 2014	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.		67.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized committee or agent of either, o	
Ms. Emily Buchanan	[Electronically Filed] Date 10	24 2014
Signature		

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				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on	= M	/ D = D /	Y Y Y Y
Т	Full Name of Payee	Date o	f Pub	lic Distribution/	Dissemination
	Shelbi L Randall		10 ^M	/ D D /	2014
	Mailing Address 202 East Park Ave Apt 40	Amour	nt		
ŀ	City State Zip Code				20.55
	Searcy AR 72143			ID: fbcc1917 oursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002	М	10 ^M	22	2014
ı	Name of Federal Candidate Support Office	Sought	:	House	District:00
	Mr. Mark I. Prvor	Preside		X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement		Primary	X General
ł	Full Name of Payee			olic Distribution	/Discomination
	Parker H Morrow	M		/ DISTRIBUTION,	2014
	Mailing Address 506 N Horton Street	Amour	-	22	2014
	City State Zip Code				12.00
				ID: b91bf777- bursement or (41c4-44f7-b
	Purpose of Expenditure Mileage Category/ Type 002	M	10 ^M	22	2014
١	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement		Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures		-7		32.55
((b) SUBTOTAL of Unitemized Independent Expenditures	Ľ			
((c) TOTAL Independent Expenditures	Ľ.			
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	M /	24	201	4
	Signature				

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				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report X New report X Amends report filed		= M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution	Dissemination
	Jackson S Tuttle		10 ^M	/ 22 /	2014
	Mailing Address 404 Chancery Park Ct	Amour	nt		
ŀ	City State Zip Code				50.00
	Kernersville NC 27284	Trans	action of Disl	n ID: 67d51f78 bursement or (-b492-45fd-a Obligation
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	/ D D /	2014
Ì	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement		Primary specify) ▶	X General
ŀ	Full Name of Payee			olic Distribution	/Discomination
	Jackson S Tuttle	Date	10	/ DISTIDUTION	2014
	Mailing Address 404 Chancery Park Ct	Amou			2011
ŀ	City State Zip Code	Г.			7.50
	Kernersville NC 27284			ID: 39a1f14b- bursement or (32ac-43a9-8
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	/ 22 /	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	General
((a) SUBTOTAL of Itemized Independent Expenditures				57.50
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures		1 - 4	7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	O /	24	D / Y Y 201	4
	Signature				

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Amelia Brackett	10 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 804 Roundabout Circle An	nount
City State Zip Code	85.00
Searcy AR 72143 Tra	ansaction ID: 90014683-c8e1-45f9-a ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 22 7 2014
Name of Federal Candidate Support Office Soil	ought: House District: 00
Mr. Mark I. Pryor	esident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	
Full Name of Payer	Other (specify)
Full Name of Payee Kaleigh J Wagner	ate of Public Distribution/Dissemination
Mailing Address 18065 Wayne Rd	10 22 2014 mount
City State Zip Code	60.00
Odessa FL 33556 Tra	insaction ID: d813ecb4-8ab5-42a0-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 22 / Y Y Y Y Y Y Y 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Mr. Mark L Pryor Oppose Pre	esident State: AR State:
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	24 2014
Signature	

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OF

Schedu	le E)				PAGE 120 OF 151 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) Women Speak Out PAC								
vvome	in Speak Out PAC				C C00530766			
Check if	X 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y			
Full N	ame of Payee			Da	ate of Public Distribution/Dissemination			
	ndy M Gold				10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Iviaiiii	g Address 1436 Haigs Creek Dr			Ar	mount			
City		State	Zip Code		60.00			
Elgin		SC	29045		ransaction ID: 92011a1c-4606-4ab0-a ate of Disbursement or Obligation			
Purpo Salar	se of Expenditure y		Category/ Type 001		10 / 22 / 2014			
Name	of Federal Candidate		Support	Office So	ought: House District: 00			
Mr. M	lark L Pryor		X Oppose	Pre	President Senate State: AR			
	Calendar Year-To-Date Per Election for Office Sought	, 1	90712.88	Disburser 2014	ment For: Primary General Other (specify) ▶			
	ame of Payee ndy M Gold			Da	ate of Public Distribution/Dissemination			
	n. Address				10 22 2014			
Mailir	g Address 1436 Haigs Creek Dr			Ar	mount			
City		State	Zip Code	-	36.18			
Elgin		SC	29045		ansaction ID: b94b8074-c8f0-4ac6-8 ate of Disbursement or Obligation			
Purpo Milea	se of Expenditure age		Category/ Type 002		10 22 7 2014			
Name	of Federal Candidate		Support	Office Sc	ought: House District: 00			
Mr. N	lark L Pryor		X Oppose	Pre	esident Senate State: AR			
	Calendar Year-To-Date Per Election for Office Sought	7 1 7	190712.88	Disburser 2014	ment For: Primary			
(a) SU	BTOTAL of Itemized Independent Expenditur	'es			96.18			
.,				, F	7 7 7			
(b) SU	BTOTAL of Unitemized Independent Expendent	itures		▶	7 7 7			
(c) TO	TAL Independent Expenditures			•				
with, or	penalty of perjury I certify that the independ at the request or suggestion of, any candid committee) any political party committee or its	ate or authorized						
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M	24 2014			
Sign	nature	Laucaon	Date	; 10	24 2014			

	meduic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	James E Dacus	10 22 2014
	Mailing Address 117 Cynthia Ave	Amount
	City State Zip Code	40.00
	Farmington AR 72730	Transaction ID : f5901156-d48b-4b46-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 22 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	00101001 100 D00	ursement For: Primary X General
	Per Election for Office Sought 190712.88 2014	Other (specify) ▶
	Full Name of Payee James E Dacus	Date of Public Distribution/Dissemination
	Mailing Address 117 Cynthia Ave	10 22 2014 Amount
	City State Zip Code Farmington AR 72730	3.00 Transaction ID : 97a906ef-59fb-48d2-a
		Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 22 / Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	43.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		10 24 2014
	Signature	

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OF

Schedule E)	DEI ENDENT EXI END	THORIES	PAGE 122 OF 151 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766						
heck if X 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination				
Mailing Address 100 Asbury Ct			10 22 2014 Amount				
City	State	Zin Codo	80.00				
Winchester	VA	Zip Code 22602	Transaction ID : d3c0ec89-64e2-451d-b Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	10 22 / 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Greg Orman		X Oppose	President Senate State: KS				
Calendar Year-To-Date Per Election for Office Sough		76313.90	Disbursement For: Primary General 2014 Gher (specify) ▶				
Full Name of Payee			Date of Public Distribution/Dissemination				
Jazmine d Conner			10 22 2014				
Mailing Address 100 ASBURY C	т		Amount				
City	State	Zip Code	70.00				
WINCHESTER	VA	22602	Transaction ID : 93e78ba4-321b-4e5e-b Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	10 22 / 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Greg Orman		X Oppose	President Senate State: KS				
Calendar Year-To-Date Per Election for Office Sough	t	76313.90	Disbursement For: Primary				
(a) SUBTOTAL of Itemized Indepen	ndent Expenditures		150.00				
(b) SUBTOTAL of Unitemized Inde	pendent Expenditures						
•	'		7 7 7				
(c) TOTAL Independent Expenditur	es		•				
	n of, any candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan	[Electro	nically Filed] Date	10 24 2014				
Signature							

Schedule E)	INI EXPEN	on the same of the		PAGE 123 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	/ D = D / Y = Y = Y			
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Jon E Conner			10	/ D D / Y Y Y Y Y 22 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602		ID: 35fe78fa-1152-4bd4-a pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disc.	/ D D / Y Y Y Y Y Y Z Y Z Y Z Z Z Z Z Z Z Z Z
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		76313.90	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Rodney O Culbreath			10	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		80.00
Winchester	VA	22602		ID: ef3a4f0d-9933-4bfb-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	.,,	76313.90	Disbursement For: 2014 Other (s	Primary
(a) CURTOTAL of Harrison Indonesia Company				450.00
(a) SUBTOTAL of Itemized Independent Expendi	tures			150.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 10 24	2014

Schedule E)	DENT EXTEND	il ones	PAGE 124 OF 151 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C						
heck if X 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee			Date of Public Distribution/Dissemination				
Rodney D Culbreth			10 22 / Y 2014				
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount				
City	State	Zin Codo	80.00				
Winchester	VA	Zip Code 22602	Transaction ID : b9089be0-5141-4f0d-b				
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 22 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Greg Orman		Support Oppose	President Senate State: KS				
Calendar Year-To-Date Per Election for Office Sought		76313.90	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
Full Name of Payee			Date of Public Distribution/Dissemination				
Rze Culbreath			10 22 2014				
Mailing Address 100 Asbury Ct			Amount				
City	State	Zip Code	80.00				
Winchester	VA	22602	Transaction ID : a3c8225e-ffb8-4ccf-8 Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	10 22 7 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Greg Orman		X Oppose	President Senate State: KS				
Calendar Year-To-Date Per Election for Office Sought		76313.90	Disbursement For: Primary General 2014 General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expe	enditures		160.00				
(b) SUBTOTAL of Unitemized Independent E	vnandituras						
(b) SOBIOTAL OF Officernized independent E	xperialitares		4 4				
(c) TOTAL Independent Expenditures			•				
	candidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 24 2014				
•							

Women Speak Out PAC C C00530766		nedule L)		FOR SE OF FORM 24/48
Check if				FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Reston Rest	VV	omen Speak Out PAC		C C00530766
Mailing Address 1703 Torrey Pines Ct Amount City State Zip Code VA 20130 Purpose of Expenditure Salary Name of Federal Candidate Mailing Address 204 W 9th St Calegory/ Nope Full Name of Payee Kathryn M Wolfe Mailing Address 204 W 9th St Calegory/ Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Transaction ID: 0/227410-6057-432-2-b Date of Dutic District: 00 Transaction ID: 0/227410-6057-432-b Date of Putic Distribution/Dissemination Transaction ID: 0/227410-6057-432-b Date of Dutic District: 00 Transaction ID: 0/227410-6057-432-b Date of Putic Distribution/Dissemination Transaction ID: 0/227410-6057-432-b Date of Putic Distribution/Dissemination Transaction ID: 0/227410-6057-432-b Date of Putic District: 00 Transaction ID: 0/227410-6057-432-b Date of Putic Dis	Che	eck if 24-hour report 48-hour report New report Amen	nds report fi	led on Man / Dad / Yayayay
Mailing Address 1703 Torrey Pines Ct City State Zip Code Reston VA 20190 Purpose of Expenditure Salary Name of Federal Candidate Support Reflection for Office Sought For Salary Full Name of Pagee Rathryn M Wolfe Mailing Address 204 W 9th St Category/ Go1 Full Name of Pagee Rathryn M Wolfe Mailing Address 204 W 9th St Category/ Go1 Full Name of Pagee Rathryn M Wolfe Mailing Address 204 W 9th St City State Zip Code Pittsburg RS 66762 Furpose of Expenditure Salary Purpose of Expenditure Salary Category/ Go1 Transaction ID: of2c/410-6057-43c2-b Disbursement for Obligation To 22 2014 Amount Amount City State Zip Code Pittsburg RS 66762 Transaction ID: of2c/410-6057-43c2-b Disbursement For: Primary General To 22 2014 Amount City State Zip Code Pittsburg RS 66762 Transaction ID: of2c/410-6057-43c2-b Disbursement For: Primary General To 22 2014 Transaction ID: of2c/410-6057-43c2-b Disbursement For: Primary General Transaction ID: of2c/410-6057-43c2-b Date of Disbursement For: Primary General Transaction ID: of2c/410-6057-43c2-b Date of Disbursement For: Primary General Transaction ID: of2c/410-6057-43c2-b Date of Disbursement For: Primary General Transaction ID: of2c/410-6057-43c2-b Date of Disbursement For: Primary General Transaction ID: of2c/410-6057-43c2-b Date of Disbursement For: Primary General Transaction ID: of2c/410-6057-43c-b Date of Disbursement For: Primary General Transaction ID: of2c/410-6057-43c-b Date of Disbursement For: Primary General Transaction ID: of2c/410-6057-43c-b Date of Disbursement For: Primary General Transaction ID: of2c/410-6057-43c-b Date of Disbursement For: Primary General Transaction ID: of2c/410-6057-43c-b Transaction ID: of2c/410-6057-43c-b Date of Disbursement For: Primary General Transaction ID: of2c/410-6057-43c	Т	Full Name of Payee		Date of Public Distribution/Dissemination
City State Zip Code Reston VA 20190 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mailing Address 204 W 9th St City State Zip Code Reston VA 20190 Transaction ID: 012c7410-6957-43c2-b Date of Disbursement or Obligation To 22 Z 2114 Name of Pederal Candidate President Senate State: KS Disbursement For: Primary General Per Election for Office Sought Tansaction ID: east/29b-2bf0-412b-9 Date of Public Distribution/Dissemination Transaction ID: east/29b-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID: east/29b-2bf0-412b-9 Date of Disbursement or Obligat		Brieshauna M Stevens		
Reston VA 20190 Furpose of Expenditure Salary Name of Federal Candidate North Greg Orman Caledar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Mit. Greg Orman Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate KS 66762 Purpose of Expenditure Salary Name of Federal Candidate Mailing Address 204 W 9th St Category' Ont Transaction ID: e8f29bb-2bf0-412b-9 Date of Public Distribution/Dissemination Transaction ID: e8f29bb-2bf0-412b-9 Date of Public Distribution/Dissemination Transaction ID: e8f29bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID: e8f29bb-2bf0-412b-9 Date of Disbursement For: Transaction ID: e8f29		Mailing Address 1703 Torrey Pines Ct		Amount
Reston VA 20190 Furpose of Expenditure Salary Name of Federal Candidate North Greg Orman Caledar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Mit. Greg Orman Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate KS 66762 Purpose of Expenditure Salary Name of Federal Candidate Mailing Address 204 W 9th St Category' Ont Transaction ID: e8f29bb-2bf0-412b-9 Date of Public Distribution/Dissemination Transaction ID: e8f29bb-2bf0-412b-9 Date of Public Distribution/Dissemination Transaction ID: e8f29bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID: e8f29bb-2bf0-412b-9 Date of Disbursement For: Transaction ID: e8f29	ŀ	City State Zin Code		60.00
Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Pittsburg Name of Federal Candidate Mr. Greg Orman City Pittsburg Name of Federal Candidate Mr. Greg Orman City State Category/ Type Category/ Type Category/ Type Disbursement For: Primary General Date of Public Distribution/Dissemination Amount City State Category/ Type Date of Public Distribution/Dissemination Amount City State Category/ Type Office Sought: Amount City State Category/ Type Office Sought: Name of Federal Candidate Support Name of Federal Candidate Mr. Greg Orman Category/ Type Office Sought: House District: O Transaction ID: ea8f29bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID: ea8f29bb-2bf0-412b-9 Date of Disbursement For: Date of Disbursement or Obligation Transaction ID: ea8f29bb-2bf0-412b-9 Date of Disbursement For: Date of Disbursement For: Dis		· · · · · · · · · · · · · · · · · · ·		Transaction ID : 0f2c7410-6057-43c2-b
Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Kathryn M Wolfe Mailing Address 204 W 9th St City State Zip Code Pittsburg KS 66762 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Category/ Tiype Office Sought: Scane State: KS General Disbursement For: Primary General Amount Amount City State Zip Code Public Distribution/Dissemination Tansaction ID: ea8f/99b-2b10-412b-9 Date of Public Distribution/Dissemination Tansaction ID: ea8f/99b-2b10-412b-9 Date of Disbursement or Obligation Purpose of Expenditure Salary Office Sought: House District: O President Seante State: KS Transaction ID: ea8f/99b-2b10-412b-9 Date of Disbursement or Obligation Purpose of Expenditure Salary Office Sought: House District: O President Seante State: KS Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Tother (specify) ▶ Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emilly Buchanan IElectronically Filed Date		Salan/	001	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Kathryn M Wolfe Mailing Address 204 W 9th St City State Zip Code Pittsburg KS 66762 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In prescrict No Senate State: Subsursement For: Primary Senate State: Senate State: Sta	ı	Name of Federal Candidate Sup	pport Of	fice Sought: House District: 00
Per Election for Office Sought Full Name of Payee Kathryn M Wolfe Mailing Address 204 W 9th St City State Zip Code Pittsburg KS 66762 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Other (specify) ▶ Date of Public Distribution/Dissemination Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID : ea8/22bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID		Mr. Greg Orman	pose [President X Senate State: KS
Full Name of Payee Kathryn M Wolfe Mailing Address 204 W 9th St City State Zip Code Pittsburg KS 66762 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date of Public Distribution/Dissemination To 22 / 2014 Amount Transaction ID: ea8/29bb-2bf0-412b-9 Date of Disbursement or Obligation Transaction ID: ea8/29bb-2bf0-42b-9 Date of Disbursement or	ı	70040.00		
Kathryn M Wolfe Mailing Address 204 W 9th St City State Zip Code Pittsburg KS 66762 Transaction ID: ea8f29bb-2bf0-412b-9 Date of Disbursement or Obligation Name of Federal Candidate Support Office Sought: House Disbursement or Obligation Mr. Greg Orman ✓ Oppose President ✓ Senate State: KS Calendar Year-To-Date Per Election for Office Sought 76313.90 Disbursement For: Primary General (a) SUBTOTAL of Itemized Independent Expenditures Disbursement For: 90.00 (b) SUBTOTAL of Unitemized Independent Expenditures 90.00 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. ** Ms. Emily Buchanan [Electronically Filed] Date 10 24 2014 2014	L	Per Election for Office Sought		
Mailing Address 204 W 9th St City State Zip Code Pittsburg KS 66762 Purpose of Expenditure Salary Name of Federal Candidate State State Support Mr. Greg Orman Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Topose Calendar Year-To-Date Per Election for Office Sought Topose (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				M M / D D / Y Y Y Y
Pittsburg KS 66762 Purpose of Expenditure Salary Category/ 001 Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Other (specify) Cother (speci		Mailing Address 204 W 9th St		
Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Disbursement or Obligation Office Sought: House District: 00 President X Senate State: KS Disbursement For: Primary X General Other (specify) 90.00 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	ŀ	City State Zip Code		30.00
Purpose of Expenditure Salary Category/ Type 001 10		Pittsburg KS 66762		
Mr. Greg Orman Support Support		Salany	001	M - M / D - D / Y - Y - Y
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	ŀ	Name of Federal Candidate Su	pport O	ffice Sought: House District:00
(a) SUBTOTAL of Itemized Independent Expenditures		Mr. Greg Orman Op	ppose [President X Senate State: KS
(b) SUBTOTAL of Unitemized Independent Expenditures		70040.00		014
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(a	a) SUBTOTAL of Itemized Independent Expenditures	······	90.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(1	b) SUBTOTAL of Unitemized Independent Expenditures	······	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date	(0	c) TOTAL Independent Expenditures	······	
[Electronically Filed] Date 10 24 2014	W	with, or at the request or suggestion of, any candidate or authorized committee or		
			Date	
		Signature		

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OF

Schedule E)	ENDERT EXILIB	TIONES	PAGE 126 OF 151 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C					
heck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Kathryn M Wolfe			Date of Public Distribution/Dissemination			
Mailing Address 204 W 9th St			10 22 2014 Amount			
City	State	Zip Code	10.80			
Pittsburg	KS	66762	Transaction ID : 5f9336fd-bc58-470f-9 Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Mr. Greg Orman		X Oppose	President Senate State: KS			
Calendar Year-To-Date Per Election for Office Sought		76313.90	Disbursement For: Primary General 2014 Other (specify) ▶			
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination			
Mailing Address 1254 Fleming St Apt	6		10 22 2014 Amount			
City	State	Zip Code	120.00			
Conway	AR	72032	Transaction ID : c4b663b8-59da-42c2-b Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10 22 / Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Mr. Mark L Pryor		X Oppose	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	, ,	190712.88	Disbursement For: Primary General 2014 General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent	Expenditures		130.80			
(b) SUBTOTAL of Unitemized Independent	ent Expenditures					
			7 7 7			
(c) TOTAL Independent Expenditures			>			
	any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 24 2014			
Signaturo						

Schedule E)	ILFORT OF INDEFERDE	INT EXICINE	ITOTILO		PAGE 127 OF 151 FOR SE OF FORM 24/48	
NAME OF COMM	,				FEC IDENTIFICATION NUMBER ▼	
Women Spe	eak Out PAC	C C00530766				
Check if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of I Brenda L					of Public Distribution/Dissemination	
Mailing Addres	S 1254 Fleming St Apt 6			Amou	10 22 2014 unt	
City		Chaha	7:- Code		20.70	
City Conway		State AR	Zip Code 72032		26.70 saction ID : 2ba8cf3a-c784-4459-b of Disbursement or Obligation	
Purpose of Ex Mileage	penditure		Category/ Type 002		10 22 2014	
Name of Fede	ral Candidate		Support	Office Sough	nt: House District: 00	
Mr. Mark L Pry	vor		X Oppose	Presid		
	Year-To-Date on for Office Sought	· · · · · · · ·	90712.88	Disbursemer 2014	nt For:	
Full Name of				Date	of Public Distribution/Dissemination	
Grant Fitz	geraid				10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Addres	SS 109 Carpathion Way			Amoi	unt	
City		State	Zip Code		20.00	
Raleigh		NC	27615		action ID: b325c831-aad4-4018-b of Disbursement or Obligation	
Purpose of Ex Salary	penaiture		Category/ Type 001		10 22 2014	
Name of Fede	ral Candidate		Support	Office Soug	ht: House District: 00	
Ms. Kay Haga	n		X Oppose	Presid	dent Senate State: NC	
	Year-To-Date ion for Office Sought	· · · · · ·	1051457.78	Disbursement 2014	nt For:	
(a) SUBTOTAL	of Itemized Independent Expendit	ures			46.70	
(b) CURTOTAL	of Uniterpized Independent Even	odituwa a				
(b) SUBTUTAL	of Unitemized Independent Exper	iditures		•	7 7 7	
(c) TOTAL Inde	ependent Expenditures			•	7 1 7 1 6	
with, or at the r		idate or authorized			cooperation, consultation, or concert the reporting entity is not a political	
Signature	s. Emily Buchanan	[Electron	ically Filed] Date	10	24 2014	
-						

Schedule E)		TIONEO	<u> </u>	PAGE 128 OF 151 OR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼		
Women Speak Out PAC C C0053076						
heck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public I	Distribution/Dissemination		
Grant Fitzgerald			10	22 / 2014		
Mailing Address 109 Carpathion Way			Amount			
City	State	Zip Code		3.00		
Raleigh	NC	27615		: e497beeb-9f72-40ee-8 ement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10	22 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Ms. Kay Hagan		X Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	1	051457.78	Disbursement For: 2014 Other (spec	Primary		
Full Name of Payee			Date of Public I	Distribution/Dissemination		
Jeffrey Hampton			10	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1700 E Part Ave			Amount			
City	State	Zip Code		35.50		
Searcy	AR	72149		2acdf682-1e0d-412b-a ement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10 /	22 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		Oppose	President X	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	7 7	190712.88	Disbursement For: 2014 Other (spec	Primary ⊠ General		
(a) SUBTOTAL of Itemized Independent Expendi	tures			38.50		
,			7	7		
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•			
(c) TOTAL Independent Expenditures			•	7		
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 24	2014		
-						

	nedule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C C00530766
Che	cck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
T	Full Name of Payee	Date of Public Distribution/Dissemination
	Jeffrey Hampton	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1700 E Part Ave	Amount
ŀ	City State Zip Code	23.52
	Searcy AR 72149	Transaction ID: 3504e728-8cc8-4959-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 22 / 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary ☐ General Other (coacifu) ►
-	Full Name of Payee	Other (specify) ► Date of Public Distribution/Dissemination
	Anthony Buchanan	Man / Dab / Yayayaya
	Mailing Address 1090 McHone Rd	Amount
ŀ	City State Zip Code	60.00
	Spruce Pine NC 28777	Transaction ID : 2e62c4cd-ffaf-4996-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 22 / 2014
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	83.52
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not make it, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.	
		0 24 2014
	Signature	

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y I Y I Y I Y
П	Full Name of Payee	Date of	of Pub	olic Distribution	Dissemination
	Mary D Meens	M	10 ^M	/ 22 /	2014
	Mailing Address 5724 SW Arrowhead Ct	Amou	nt		
ŀ	City State Zip Code	Г.			7.50
	Topeka KS 66614			n ID: 6ad824e3 bursement or 0	8-f00a-47d4-8
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	22	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Greg Orman Oppose	Preside		Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsemen		Primary specify) ▶	General
ľ	Full Name of Payee			olic Distribution	/Dissemination
	Mary D Meens	N	10	/ D D /	2014
	Mailing Address 5724 SW Arrowhead Ct	Amou	nt		
ı	City State Zip Code	Г.			1.20
	Topeka KS 66614			ID: 686ac551	
	Purpose of Expenditure Mileage Category/ Type 002	IV	10 ^M	22	2014
١	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	General
((a) SUBTOTAL of Itemized Independent Expenditures		-	F 1 1 7	8.70
	(b) SUBTOTAL of Unitemized Independent Expenditures			7	
((c) TOTAL Independent Expenditures	Г.		7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 /	24	D / Y Y 201	4
	Signature				

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OF

_				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	Vomen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y I Y I Y I Y
	Full Name of Payee	Date o	of Pub	olic Distribution/	Dissemination
	Nick Berryhill		10 ^M	22	2014
	Mailing Address 905 Lake Drive	Amour	nt		
	City State Zip Code		-		50.00
	Shelby NC 28152			n ID: b1ceab66 bursement or C	6-7c0e-4603-b
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	22	2014
	Name of Federal Candidate Support Office	Sought	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut	rsement		Primary specify) ▶	X General
	Full Name of Payee Nick Berryhill			olic Distribution/	Dissemination
	Mailing Address 905 Lake Drive	IVI	10	22	2014
		Amou	nt		
	City State Zip Code	L.		n - 1 - 1 - m	7.35
	Shelby NC 28152			ID: 030601ce- bursement or C	
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	22	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside	ent	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	X General
	(a) SUBTOTAL of Itemized Independent Expenditures				57.35
	(b) SUBTOTAL of Unitemized Independent Expenditures			7	
	(c) TOTAL Independent Expenditures			7- 1 -7-	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 /	24	D / Y Y 201	4
	Signature		_		

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OF

Schedule E)	DENT EXICIO	ITOTILO	PAGE 132 FOR SE O	OF 151 FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATI	ON NUMBER ▼		
Women Speak Out PAC	Comen Speak Out FAC					
Check if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public Distribution	/Dissemination		
Jeremy Hollar			10 22	2014		
Mailing Address 121 Meadowview Drive			Amount			
City	State	Zip Code		35.00		
Boone	NC	28607	Transaction ID : 8e3ca99 Date of Disbursement or			
Purpose of Expenditure Salary		Category/ Type 001	10 / 22	2014		
Name of Federal Candidate		Support	Office Sought: House	District: 00		
Ms. Kay Hagan		X Oppose	President Senate	State: NC		
Calendar Year-To-Date Per Election for Office Sought	10	051457.78	Disbursement For: Primary 2014 Other (specify) ▶	General		
Full Name of Payee			Date of Public Distribution	/Dissemination		
Jeremy Hollar			10 22	2014		
Mailing Address 121 Meadowview Drive			Amount			
City	State	Zip Code		10.50		
Boone	NC	28607	Transaction ID : cbc22386 Date of Disbursement or			
Purpose of Expenditure Mileage		Category/ Type 002	10 / 22	2014		
Name of Federal Candidate		Support	Office Sought: House	District:00		
Ms. Kay Hagan		Oppose	President X Senate	State: NC		
Calendar Year-To-Date Per Election for Office Sought		1051457.78	Disbursement For: Primar 2014 Other (specify) ▶	y X General		
(a) SUBTOTAL of Itemized Independent Exp	enditures			45.50		
			7			
(b) SUBTOTAL of Unitemized Independent E	xpenditures		>	1 00		
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 24 / 20	14		

Schedule E)	EXI END	TOTILO		PAGE 133 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y = Y = Y
Full Name of Payee Chelsey Waite				of Public Distribution/Dissemination
Mailing Address 3738 Woodland Ridge Blvd			Amour	10 22 2014 nt
City	State	Zip Code		20.00
Baton Rouge	LA	70816		action ID : 1072f822-b587-4074-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	203914.85	Disbursement 2014 Of	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Chelsey Waite			M	10 22 2014
Mailing Address 3738 Woodland Ridge Blvd			Amou	للنبا لبا ك
City Baton Rouge	State LA	Zip Code 70816	Transa	3.90 ction ID: 2a99737d-64e7-4182-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	10 / 22 / Y 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	203914.85	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	3			23.90
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures				7 1 7 1 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	24 / 2014
Signature				

Schedule E)	INDENT EXICION	TOTILO	PAGE FOR SE	134 OF 151 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	ATION NUMBER ▼
Women Speak Out PAC			C C0053076	66
Check if X 24-hour report 48-hour re	eport New repo	ort Amends repo	t filed on	/ Y = Y = Y = Y
Full Name of Payee Brandon Wheeler			Date of Public Distribut	ion/Dissemination
Mailing Address 10112 Piney Creek Ct			10 22	2014
			Amount	
City	State	Zip Code		65.00
Charolette	NC	28215	Transaction ID : 7a0db Date of Disbursement of	
Purpose of Expenditure Salary		Category/ Type 001	10 / 22	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Mr. Mark L Pryor		X Oppose	President X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	1	90712.88	Disbursement For: ☐ Prim 2014 ☐ Other (specify) ▶ _	ary X General
Full Name of Payee			Date of Public Distribut	ion/Dissemination
Brandon Wheeler			10 22	/ Y Y Y Y Y Y 2014
Mailing Address 10112 Piney Creek Ct			Amount	
City	State	Zip Code		20.10
Charolette	NC	28215	Transaction ID : f9afb4a Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	10 / 22	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		190712.88	Disbursement For: Prim 2014 Other (specify) ▶	nary X General
(a) SUBTOTAL of Itemized Independent E	xpenditures			85.10
(b) OUDTOTAL of Heiteries delegander	. For an althorn			
(b) SUBTOTAL of Unitemized Independen	Expenditures		>	7- 1-25-
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	y candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		y y y 2014

Schedule E)	I LAPLIND	ITORES		PAGE 135 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee Ron K Lassiter				of Public Distribution/Dissemination
Mailing Address 3846 SW Wood Valley Dr			Amou	10 22 2014
			Amou	
City	State	Zip Code		40.00
Topeka	KS	66610		action ID: 1defccb9-7099-4682-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 22 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Greg Orman		Oppose	Preside	ent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, ,	76313.90	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Ron K Lassiter				10 22 2014
Mailing Address 3846 SW Wood Valley Dr			Amou	nt
City	State	Zip Code	— I.	3.30
Topeka	KS	66610		oction ID : f89f56f7-e471-4192-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 22 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Greg Orman		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	76313.90	Disbursemer 2014	other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	s			43.30
(,				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	71171171
(c) TOTAL Independent Expenditures			•	7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATIO	N NUMBER ▼
۷۱	Vomen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y = Y = Y = Y
	Full Name of Payee	Date of	of Pub	olic Distribution/l	Dissemination
	Joseph R English	M	10 ^M	22	2014
	Mailing Address 915 East Market Ave Apt 4	Amou	nt		
	City State Zip Code				90.00
	Searcy AR 72143			n ID : cd07ff2c- bursement or O	9e06-43d6-8
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	/ 22 /	2014
	Name of Federal Candidate Support Office	Sough	t:	House I	District: 00
	Mr. Mark L Pryor Oppose	Preside		X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsemen		Primary specify) ▶	X General
	Full Marsa of Davis				
	Full Name of Payee Joseph R English	Date o	of Pur	blic Distribution/	Dissemination 2014
	Mailing Address 915 East Market Ave Apt 4	Amou	-	22	2014
	City State Zip Code	Г.			42.00
	Searcy AR 72143			ID: a0dfec84-f	b45-4920-b
	Purpose of Expenditure Mileage Category/ Type 002	_	10 ^M	22	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary (specify)	General
	(a) SUBTOTAL of Itemized Independent Expenditures				132.00
	(b) SUBTOTAL of Unitemized Independent Expenditures			7	
	(c) TOTAL Independent Expenditures			7	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 /	24	D / Y Y 201	4
	Signature				

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OF

	meduic Ly		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷۷	/omen Speak Out PAC		C C00530766
Che	eck if 24-hour report 48-hour report New report Amends rep	port file	ed on Man / Dad / Yayayay
Ţ	Full Name of Payee		Date of Public Distribution/Dissemination
	Valerie K Braymer		10 22 2014
	Mailing Address 106 Ridge Trail		Amount
ŀ	City State Zip Code		70.00
	Boerne TX 78006		Transaction ID : ef1b46d4-1aef-4794-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	1	10 22 2014
ŀ	Name of Federal Candidate Support	Offic	ice Sought: House District:00
	Mr. Greg Orman Oppose		President X Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought 76313.90	Disk 201	bursement For: Primary ☐ General Other (specify) ▶
ŀ	Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination
	Madis Address		10 22 2014
	Mailing Address 106 Ridge Trail		Amount
	City State Zip Code		12.00
	Boerne TX 78006		Transaction ID : 469658dd-7843-442e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	2	10 22 Y Y Y Y Y Y Y
	Name of Federal Candidate Support	Offi	ice Sought: House District:00
	Mr. Greg Orman Oppose		President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought 76313.90	Disl 201	bursement For: Primary ☐ General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	···· >	82.00
((b) SUBTOTAL of Unitemized Independent Expenditures	···· >	1171171171
((c) TOTAL Independent Expenditures	···· >	
١	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Dat	ıte M	10 24 2014
	Signature		

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OF

· · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Molly K Williams	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9419 NE Hwy 69	Amount
City State	Zip Code 25.00
Pittsburg KS	66762 Transaction ID : 3c353502-a99b-4faa-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 22 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	76313.90 Disbursement For: ☐ Primary ☐ General Other (specify) ▶
Full Name of Payee OLynda Walker	Date of Public Distribution/Dissemination
Mailing Address 10000 Mount Pleasant Rd	Amount 21 2014
City State	Zip Code 90.00
Midland NC	28107 Transaction ID: 8057a946-5c81-4842-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 21 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures)
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 10 24 2014
Signature	

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OF

				FOR SE OF	FORM 24/48
	E OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VVC	omen Speak Out PAC		С	C00530766	
Chec	k if X 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y Y Y Y
	full Name of Payee	Date o	of Pub	olic Distribution	Dissemination
	OLynda Walker		10 ^M	21	2014
M	Mailing Address 10000 Mount Pleasant Rd	Amour	nt		
C	City State Zip Code	Г.			20.40
-	Midland NC 28107	Transa Date o	action	n ID: d12e783e bursement or 0	e-9f6a-45c8-8 Obligation
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	21	2014
Ν	lame of Federal Candidate Support Office	Sought	t:	House	District:00
ı	Ms. Kay Hagan Oppose	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement		Primary	X General
┝	Full Name of Payee			olic Distribution	/Discomination
	Cayenne C Corbin	Date	10	/ DISTRIBUTION	2014
N	Mailing Address 1851 S Laura St	Amou		22	2014
	City State Zip Code	Г.			45.00
	Wichita KS 67211			ID: 622a8f6a- bursement or (abfc-430e-9
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	22	2014
١	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
ı	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	General
(a)	SUBTOTAL of Itemized Independent Expenditures				65.40
(b)	SUBTOTAL of Unitemized Independent Expenditures				
(c)	TOTAL Independent Expenditures			7 - 7	
wit	der penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either try committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	24	D / Y Y 201	4
	Signature		_		

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Cayenne C Corbin	10 / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 1851 S Laura St	Amount
City State Zip C	Code 6.00
Wichita KS 6721	
Purpose of Expenditure Mileage Cate	egory/ Type 002 10 22 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 76313	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Adam L Clark	10 22 2014
Mailing Address 1851 S Laura St	Amount
City State Zip C	Code 45.00
Wichita KS 6721	Transaction ID: 88c34859-4ed7-484e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Cate	egory/ Type 001 10 10 22 / Y 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 76	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	51.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically F	Filed] Date 10 24 2014
Signature	

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OF

Schedule E)	I LAFLIND	ITONES		PAGE 141 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y Y
Full Name of Payee Jennifer Cheever				of Public Distribution/Dissemination
Mailing Address 4545 S Gold			Amou	10 22 2014 nt
City	State	Zip Code		30.00
Wichita	KS	67217	Trans	action ID : 92efd5b0-7ef2-4c2b-9
Purpose of Expenditure Salary		Category/ Type 001		of Disbursement or Obligation
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Greg Orman		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	76313.90	Disbursemen 2014 O	t For: Primary X General
Full Name of Payee			Date	of Public Distribution/Dissemination
Jennifer Cheever			TV	10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4545 S Gold			Amou	nt
City	State	Zip Code	-	6.00
Wichita	KS	67217		ction ID: 4b02f125-1f65-4495-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	TV	10 22 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Greg Orman		X Oppose	Preside	ent X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	76313.90	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	S		· -	36.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· [
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10	24 2014
Signature				

Schedule E)	LIVI EXI LIVI	DITORLO	PAGE 142 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Aric D Clark			10 / 22 / 2014
Mailing Address 1412 Edgemoor Dr			Amount
City	State	Zip Code	45.00
El Dorado	KS	67042	Transaction ID : 05be1d98-fb07-434d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 22 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		76313.90	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Jake Mathews			10 22 2014
Mailing Address 6418 East 12 St			Amount
City	State	Zip Code	15.00
Wichita	KS	67206	Transaction ID : 1e36bd59-8027-4807-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 22 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		76313.90	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		60.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	10 24 2014
- 3			

Schedule E)	IN EXILIN	ON ONES		GE 143 OF 151 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C coo	0530766
Check if 24-hour report 48-hour report	X New re	port Amends repo	rt filed on)
Full Name of Payee			Date of Public Di	stribution/Dissemination
Jake Mathews Mailing Address 6418 East 12 St			10	22 2014
6418 East 12 St			Amount	
City	State	Zip Code		3.90
Wichita	KS	67206		2c288f81-2899-44b1-9 ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X S	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		76313.90	Disbursement For: 2014 Other (specif	Primary
Full Name of Payee			Date of Public Di	istribution/Dissemination
Josh R Arnold			10	22 / 2014
Mailing Address 1531 N Ridgewood Dr			Amount	
City	State	Zip Code		27.50
Wichita	KS	67208		l8a19c9b-22fa-4797-a ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	-,,	76313.90	Disbursement For: 2014 Other (specif	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	tures			31.40
,, ,			7	7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	7
(c) TOTAL Independent Expenditures			•	1 7 1 1 7 1
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorize			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	10 24	2014

			FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC	C IDENTIFICATION NUMBER ▼
vvo	men Speak Out PAC	С	; C00530766
Check	x if X 24-hour report 48-hour report New report Amends report filed	on M M	/ D = D / Y = Y = Y
F	ull Name of Payee Josh R Arnold	Date of Pu	ublic Distribution/Dissemination
		10	/ D D / Y Y Y Y Y Y 2014
N	lailing Address 1531 N Ridgewood Dr	Amount	
С	ity State Zip Code	L	4.50
١	Vichita KS 67208		on ID: 6e948db7-ae84-4ea5-8 isbursement or Obligation
	urpose of Expenditure Mileage Category/ Type 002	10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate Support Office	Sought:	House District: 00
N	Mr. Greg Orman Oppose	President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement Fo	r: Primary X General (specify) ▶
	Aailing Address 1414 Edgemoor Dr		ublic Distribution/Dissemination
	Sity State Zip Code		40.00
	,		on ID : 187e8183-2c3b-4011-b hisbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	
N	lame of Federal Candidate Support Office	Sought:	House District: 00
N	Mr. Greg Orman Oppose	President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement Fo	or: Primary X General (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures		44.50
(b)	SUBTOTAL of Unitemized Independent Expenditures		4 4 5
(c)	TOTAL Independent Expenditures		7 1 7 1 1 7 1
wit	der penalty of perjury I certify that the independent expenditures reported herein were not many h, or at the request or suggestion of, any candidate or authorized committee or agent of either, rty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 10) / 2	24 2014
	Signature		

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	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC	C C00530766	
Check if 24-hour report 48-hour report New rep	port Amends report filed on Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination	
Ren W Dashner	10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1
Mailing Address 1414 Edgemoor Dr	Amount	
City State	Zip Code 19.50	1
El Dorado KS	67042 Transaction ID : ee44e8a7-91a6-48be-9 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage	Category/ Type 002 10 21 2014	
Name of Federal Candidate	Support Office Sought: House District: 00	_
Mr. Greg Orman	Oppose President Senate State: KS	_
Calendar Year-To-Date Per Election for Office Sought	76313.90 Disbursement For: Primary	
Full Name of Payee	Date of Public Distribution/Dissemination	_
Michael Terry	10 22 2014	1
Mailing Address 936 S Cypress	Amount	
City State	Zip Code 30.00	٦
Wichita KS	67207 Transaction ID : 0feaa581-e011-42de-a Date of Disbursement or Obligation	-
Purpose of Expenditure Salary	Category/ Type 001 10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y]
Name of Federal Candidate	Support Office Sought: House District: 00	_
Mr. Greg Orman	Oppose President Senate State: KS	_
Calendar Year-To-Date Per Election for Office Sought	76313.90 Disbursement For: ☐ Primary ☐ General Other (specify) ▶	_
(a) SUBTOTAL of Itemized Independent Expenditures	49.50	
(b) SUBTOTAL of Unitemized Independent Expenditures]
(c) TOTAL Independent Expenditures)]
	s reported herein were not made in cooperation, consultation, or concert d committee or agent of either, or (if the reporting entity is not a political	
Ms. Emily Buchanan [Electron	nically Filed] Date 10 24 2014	
Signature		

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OF

Schedule E)	PAGE 146 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amen	ids report filed on
Full Name of Payee Destiny S Philpott	Date of Public Distribution/Dissemination
Mailing Address 3502 S 66th St Apt 47	10 22 2014 Amount
City State Zip Code Fort Smith AR 72903	45.00 Transaction ID: f998e538-567e-4f03-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 Date of Disbursement of Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Sur	pport Office Sought: House District: 00
Ma Maril I Brass	pose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 190712.88	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Dianna R Williams	Date of Public Distribution/Dissemination
Mailing Address 1510 W Pawnee Apt 2103	10 20 2014 Amount
City State Zip Code	20.00
Wichita KS 67213	Transaction ID: 198b3e16-012e-4078-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 10 / 20 / 2014
Name of Federal Candidate Su	pport Office Sought: House District: 00
Mr. Greg Orman Op	pose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 76313.90	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herei with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 10 / 24 / 2014

Schedule E)		511 GH2 G		PAGE 147 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FFC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New re	eport Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Dianna R Williams			M = M	olic Distribution/Dissemination
Mailing Address 1510 W Pawnee Apt 2103			Amount	20 2014
City	State	Zip Code		6.30
Wichita	KS	67213		n ID : 3079e8a5-0458-43d6-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		76313.90	Disbursement For: 2014 Other (Primary
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Lance Reichenberger			M = M	/ D D / Y Y Y Y Y
Mailing Address 1426 N Glendale			10	22 2014
011	Otata	7's Oads		55.00
City Wichita	State KS	Zip Code 67208	Transaction Date of Dis	55.00 ID: 1108fa8b-93f3-45cc-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 M	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		76313.90	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expendent	ditures		•	61.30
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
(,,				7
(c) TOTAL Independent Expenditures			. •	7 1 7 1 7
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan	[Electro	onically Filed] Date	e 10 24	
Signature				

Schedule E)	I LAFLIND	ITONES		PAGE 148 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Lance Reichenberger			M	
Mailing Address 1426 N Glendale			1 Amount	0 22 2014
City	State	Zip Code		4.50
Wichita	KS	67208		ction ID : 5297cc50-3440-49e3-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	, , ,	76313.90	Disbursement 2014 Oth	For: Primary General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Ronald W Ryckman				M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 503 N Cedar St			Amount	
City	State	Zip Code		70.00
Meade	KS	67864		tion ID: 01036962-f382-4a81-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	0 22 Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	Presider	nt Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , , ,	76313.90	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	s			74.50
(b) SUBTOTAL of Unitemized Independent Expendit	iroc			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(b) SOBTOTAL OF Officernized independent Expendition	ires		•	4 4
(c) TOTAL Independent Expenditures			•	4-14-14-1
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10	24 2014
Signature				

PAME OF COMMITTEE (In Full) Women Speak Out PAC C	Schedule E)	INDENT EXITEND	HOHLO	⊢	PAGE 149 OF 151 FOR SE OF FORM 24/48
Check if	NAME OF COMMITTEE (In Full)				
Full Name of Payee Ronald W Ryckman Date of Public Distribution/Dissemination Ronald Repeated	Women Speak Out PAC				
Ronald W Ryckman Mailing Address 503 N Cedar St City State Zip Code Meade KS 67864 Purpose of Expenditure Mileage Category/ 002 Name of Federal Candidate Support Office Sought: House District: 00 Mr. Greg Orman Oppose President Senate State: KS Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Ronald E Brown Mailing Address 1211 Treaty Rd City State Zip Code Ronald E Brown Mailing Address 1211 Treaty Rd City State Zip Code Bressentian Code Category On Office Sought: House District: 00 Mr. Greg Orman Support Office Sought: House District: 00 Mr. Greg Orman Support Office Sought: House District: 00 Mr. Greg Orman Support Office Sought: House District: 00 Mr. Greg Orman Support Office Sought: House District: 00 Mr. Greg Orman Support Office Sought: House District: 00 Mr. Greg Orman Office Sought: House District: 00 Mr. Greg Orman Office Sought: House District: 00 Mr. Greg Orman Office Sought House District: 00 Mr. Greg Orman Office Sought Office Sought: House District: 00 Mr. Greg Orman Office Sought Office Sought: House District: 00 Mr. Greg Orman Office Sought Office Sought: House District: 00 Mr. Greg Orman Office Sought Office Sought: House District: 00 Mr. Greg Orman Office Sought Office Sought: House District: 00 Mr. Greg Orman Office Sought Office Sought: House District: 00 Mr. Greg Orman Office Sought Office Sought Office Sought: House District: 00 Mr. Greg Orman Office Sought Offi	Check if 24-hour report 48-hour re	eport New rep	port Amends repo		D = D / Y = Y = Y
Mailing Address 503 N Cedar St City State Zip Code Meade KS 67884 Purpose of Expenditure Mileage Category/ Mailing Address Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Ronald E Brown Mailing Address 1211 Treaty Rd Amount Amount Amount Amount City State Zip Code President Senate State: KS Calendar Year-To-Date Purpose of Expenditure Mailing Address 1211 Treaty Rd Amount City State Zip Code Delphos KS 67436 Transaction ID : fbosef8773-9233-446-b Date of Disbursement For: Date President Senate State: KS City Other (specify) ▶ Date of Public Distribution/Dissemination Transaction ID : b0986773-9233-447-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement or Obligation Transaction ID : b0986773-9233-445-9 Date of Disbursement For: Disbursement For: Disbursement For: Disbursement For:				M = M /	D D / Y Y Y Y
Meade KS 67864 Purpose of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Ronald E Brown Mailing Address 1211 Treaty Rd City State State Calendar Year-To-Date Parpose of Expenditure Salary Category/ Type Oot Transaction ID: fbacd9e5-2573-404c-b Date of Disbursement or Obligation President Senate State: KS Calendar Year-To-Date Per Election for Office Sought City State Category/ Type Oot Transaction ID: bacd9e5-2573-404c-b Date of Disbursement or Obligation Transaction ID: bacd9e5-2573-404c-b Date of Disbursement or Obligation Disbursement For: Primary Candidate Amount City State Category/ Type Oot Transaction ID: bacd9e5-2573-404c-b Date of Disbursement or Obligation Transaction ID: back of State: KS To State: KS Transaction ID: back of State: KS To State: KS Transaction ID: back of State: KS To State: KS T	Mailing Address 503 N Cedar St				22 2014
Purpose of Expenditure Mileage Name of Federal Candidate					
Name of Federal Candidate Support Office Sought:		KS	67864		
Mr. Greg Orman Support President Senate State: KS					
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Ronald E Brown Mailing Address 1211 Treaty Rd City State Zip Code Delphos KS 67436 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Transaction ID: bigs86773-9233-44b7-9 Date of Disbursement or Obligation Transaction ID: bigs86773-9233-44b7-9 Date of Disbursement	Name of Federal Candidate		Support	Office Sought:	House District: 00
Per Election for Office Sought Full Name of Payee Ronald E Brown Mailing Address 1211 Treaty Rd City State Zip Code Delphos KS 67436 Purpose of Expenditure Salary Category/ 17ype 001 Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concervith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice).	Mr. Greg Orman		X Oppose	President X	Senate State: KS
Ronald E Brown Mailing Address 1211 Treaty Rd Amount City State Zip Code Transaction ID: b0986773-9233-44b7-9 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Support Type 001 Name of Federal Candidate Support Office Sought: House District: 00 Mr. Greg Orman Support Office Sought: House District: 00 President Senate State: KS Calendar Year-To-Date Per Election for Office Sought Transaction ID: b0986773-9233-44b7-9 Date of Disbursement or Obligation Mailing Address 1211 Treaty Rd Amount Category/ Type 001 Transaction ID: b0986773-9233-44b7-9 Date of Disbursement or Obligation Mailing Address 1211 Treaty Rd Amount Category/ Type 001 Transaction ID: b0986773-9233-44b7-9 Date of Disbursement or Obligation Date of Disbursement For: Primary Generally Senate State: KS Calendar Year-To-Date Per Election for Office Sought Other (specify) Category/ Type 001 To 001 Transaction ID: b0986773-9233-44b7-9 Date of Disbursement For: Date Primary Senate State: KS Calendar Year-To-Date Primary Other (specify) Category/ Type 001 Transaction ID: b0986773-9233-44b7-9 Date of Disbursement For: Date Primary Senate State: KS Calendar Year-To-Date Primary Other (specify) Category/ Type 001 Transaction ID: b0986773-9233-44b7-9 Date of Disbursement For: Date Primary Senate State: KS Calendar Year-To-Date President Senate State: KS Calendar Y			76313.90	2014	
Mailing Address 1211 Treaty Rd City State Zip Code Delphos KS 67436 Purpose of Expenditure Salary Category/ Date of Disbursement or Obligation Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either or (if the reporti				Date of Public	Distribution/Dissemination
City State Zip Code Delphos KS 67436 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political models) Amount 45.00 Transaction ID: b0986773-9233-44b7-9 Date of Disbursement or Obligation Transaction ID: b0986773-9233-44b7-9 Date of Disbursement or Obligation For Support Office Sought: House District: OO President X Senate State: KS Gener 2014 Other (specify) 77.40 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political p	Ronaid E Brown				
Delphos KS 67436 Purpose of Expenditure Salary Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political politica	Mailing Address 1211 Treaty Rd			Amount	
Purpose of Expenditure Salary Category/ Type Ont Typ	City	State	Zip Code		45.00
Salary Category Type 001 10 22 2014 Name of Federal Candidate Support Office Sought: House District: 00 Mr. Greg Orman Qoppose President Senate State: KS Calendar Year-To-Date Primary Gener 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures	<u> </u>	KS	67436		
Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Total To					
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate		Support	Office Sought:	House District: 00
Per Election for Office Sought 76313.90 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures	Mr. Greg Orman		X Oppose	President X	Senate State: KS
(b) SUBTOTAL of Unitemized Independent Expenditures			76313.90	2014	
(b) SUBTOTAL of Unitemized Independent Expenditures	(a) CURTOTAL of Harrison Independent 5				77.40
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	(a) SOBTOTAL of Remized Independent E	experialtures		-	77.40
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	(b) SUBTOTAL of Unitemized Independen	t Expenditures		•	4
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	(c) TOTAL Independent Expenditures			•	7
	with, or at the request or suggestion of, ar	ny candidate or authorized			
Ms. Emily Buchanan [Electronically Filed] Date 10 24 2014 Signature	<u> </u>	[Electron	nically Filed] Date		

Schedule E)	INT EXI END	TI OTILO	PAGE 150 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Ronald E Brown			Date of Public Distribution/Dissemination
Mailing Address 1211 Treaty Rd			10 22 7 2014
1211 Hoady Ita			Amount
City	State	Zip Code	6.90
Delphos	KS	67436	Transaction ID: 03f126eb-8a9e-449e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 22 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	- T	76313.90	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Hannah M Clark			10 22 2014
Mailing Address 1412 Edgemoor Dr			Amount
City	State	Zip Code	45.00
El Dorado	KS	67042	Transaction ID : d668008f-3603-485c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		76313.90	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 51.90
(b) SUBTOTAL of Unitermized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 24 2014
Olynatul C			

Schedule E)	L /(! L !(L)			PAGE 151 OF 151 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Hannah M Clark			M	of Public Distribution/Dissemination
Mailing Address 1412 Edgemoor Dr			Amour	10 22 2014
City	State	Zip Code		15.00
El Dorado	KS	67042		action ID : f828eba8-f2f9-4912-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 22 / 2014
Name of Federal Candidate		Support	Office Sought	:: House District:00
Mr. Greg Orman		X Oppose	Preside	nt Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		76313.90	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee Pound Feinstein & Associates				of Public Distribution/Dissemination
Mailing Address 5614 Connecticut Ave NW			Amour	
Ste 270				
City Washington	State DC	Zip Code 20015		966.20 ction ID : df1a4be1-b49d-428f-b of Disbursement or Obligation
Purpose of Expenditure Mailer		Category/ Type 004	М	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: X House District: 02
Ann Kuster		X Oppose	Preside	NILI
Calendar Year-To-Date Per Election for Office Sought	7	42859.12	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	3		· [981.20
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	7
(c) TOTAL Independent Expenditures			•	12423.78
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10	24 2014
Signature				